Fill	in this informa	ation to identify your o	case:				
Deb	otor 1	<b>Bret Howard Hiatt</b>			_		
		First Name	Middle Name	Last Name			
1	otor 2 use if, filing)	Kristina Marie Hia	Middle Name	Last Name	_		
` `		kruptcy Court for the:	NORTHERN DISTRIC	CT OF OHIO	_		
Cas	e number 24	4-51002					
(if kno						_	ck if this is an nded filing
		m 106Sum					
Su	mmary of	Your Assets a	nd Liabilities a	and Certain Statistical Infor	mation		12/15
infor	mation. Fill or	ut all of your schedule	s first; then complete	ole are filing together, both are equally re the information on this form. If you are f eck the box at the top of this page.			
Part	11: Summa	rize Your Assets					
							assets of what you own
1.		<b>B: Property</b> (Official Fo 55, Total real estate, fro				\$	320,000.00
	1b. Copy line	62, Total personal prop	erty, from Schedule A/l	В		\$	28,040.00
	1c. Copy line	63, Total of all property	on Schedule A/B			\$	348,040.00
Part	2: Summa	rize Your Liabilities					
							liabilities int you owe
2.				rty (Official Form 106D) at the bottom of the last page of Part 1 of S	chedule D	\$	293,345.73
3.		: Creditors Who Have U		cial Form 106E/F) ims) from line 6e of <i>Schedule E/F</i>		\$	30,296.00
	3b. Copy the	total claims from Part 2	? (nonpriority unsecured	d claims) from line 6j of Schedule E/F		\$	181,428.70
				Your to	tal liabilities	\$	505,070.43

Part 3: Summarize Your Income and Expenses

## Part 4: Answer These Questions for Administrative and Statistical Records

- 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
  - □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
  - Yes
- 7. What kind of debt do you have?
  - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
  - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

11,543.36

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	30,296.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	2,952.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	33,248.00

Debtor 2 Kristina Marie Hiatt Trex Name United States Bankruptcy Court for the:    Modile Name	Debtor 1	Bret Howard H	liatt					
United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO  Case number 24-51002   Check if this is are armended filing amended filing amended filing amended filing amended filing section.  Offficial Form 106A/B  Schedule A/B: Property  12/15  12/	20210. 1			e Name	Last Name			
United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO  Case number 24-51002   Check if this is an amended filing  Difficial Form 106A/B  Schedule A/B: Property  12/15  neach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you whink it fits best. Be as complete and accurate as possible. If wo married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Inserer every question.  Do you own or have any legal or equitable interest in any residence, building, land, or similar property?  No. Go to Part 2.  Yes. Where is the property?  What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Debtor or multi-unit building Condominium or cooperative  Who has an interest in the property? Check one Debtor or multi-unit property Investment property Investment property Investment property Manufactured or mobile home Land Debtor or multi-unit property Check in this is community property Check in this is community property Check in this is community property Check if this is community property check one of the debtors and another Cher Information on with the add about this item, such as local property identification number: Liens: 1. Flagstar Bank \$ 273,530.00 (\$1,767.19 / month — inc RE & INS) Arrearage \$9,012.15								
Case number  24-51002    Check if this is ar amended filing   Check if this is ar amended filing	(Spouse, if filing)	First Name	Middle	e Name	Last Name			
Difficial Form 106A/B Schedule A/B: Property  12/15	United States Bar	nkruptcy Court for the	e: NORTHER	N DISTRICT O	F OHIO			
Deficial Form 106A/B Schedule A/B: Property  12/15  In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you inhirk it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  Inswer every question.  Do you own or have any legal or equitable interest in any residence, building, land, or similar property?  In 1.1  1.200 West River Road  Street address, if available, or other description  What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative  What is the property? Check all that apply  In 1.200 West River Road  Street address, if available, or other description  What is the property? Check all that apply  Manufactured or mobile home Condominium or cooperative  Manufactured or mobile home City  State  2IP Code Investment property Who has an interest in the property? Check on Describe the nature of your ownership interest (asee insmituelines) at life estate), if known.  Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Liens:  1. Flagstar Bank \$ 273,530.00 (\$1,767.19 / month inc RE & INS) Arrearage \$3,012.15 Intend to retain and pay	Case number	4-51002						☐ Check if this is ar
Asked to ategory, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you wink it fits beat. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct more than one category, list the asset in the category where you whink it fits beat. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct more financially asset to this form. On the top of any additional pages, write your name and case number (if known).  Part 1:  Do you own or have any legal or equitable interest in any residence, building, land, or similar property?  No. Go to Part 2.  Yes. Where is the property?  What is the property? Check all that apply  Single-family home  Duplex or multi-unit building Condominium or cooperative  Who have a multi-unit building Condominium or cooperative  Do not deduct secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions or exemptions or cooperative  Do not deduct secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions or exemptions. Put the amount of any secured claims or exemptions or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured c								
Schedule A/B: Property  12/15								
Schedule A/B: Property  12/15	Official Fo	rm 106A/B						
neach category, separately list and describe items. List an assert only once. If an asset first in more than one category, list the asset in the category where you hinkly little best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct normation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In  Do you own or have any legal or equitable interest in any residence, building, land, or similar property?    No. Go to Part 2.   What is the property? Check all that apply   Single-family home   Duplex or multi-unit building   Condominium or cooperative   Condominium or cooperative   Condominium or cooperative   Condominium or cooperative   Current value of the amount of any secured claims on Schedule D: Creditions Who Have Claims Secured by Property; Check one   Debtor 1 only   Debtor 1 only   Debtor 2 only   Research on the debtors and another   Current value of the current value of the category, list the asset in the property   Check one   Describe the nature of your ownership interest (as in structions)   Check if this is community property   Check if this is community	_		nerty					12/15
hink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).    Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in				an accet only on	as If an assat fits in mare than an	o ootogony list ti	ha assat in t	
Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in  Do you own or have any legal or equitable interest in any residence, building, land, or similar property?  No. Go to Part 2.  Yes. Where is the property?  What is the property? Check all that apply  Street address. If available, or other description  Valley City  OH  44280-0000  City  State  ZIP Code  Manufactured or mobile home  Land  Investment property  Investment property  Investment property? Check on Other  Other  Who has an interest in the property? Check on Other of the entire property?  S320,000.00  \$320,000.00  \$320,000.00  \$320,000.00  Cescribe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information you wish to add about this item, such as local property identification number:  Liens:  1. Flagstar Bank \$ 273,530.00 (\$1,767.19 / month - inc RE & INS)  Arrearage \$ 9,012.15   Intend to retain and pay								
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Do you own or have any legal or equitable interest in any residence, building, land, or similar property?    No. Go to Part 2.	nswer every ques	ion.						
No. Go to Part 2.   Yes. Where is the property?    1.1	Part 1: Describe	Each Residence, Build	ding, Land, or Ot	her Real Estate	You Own or Have an Interest In			
No. Go to Part 2.	_							
The state of the property?  What is the property? Check all that apply  Sirgle-family home Duplex or multi-unit building Condominium or cooperative  What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Land Univestment property Univestment prope	. Do you own or h	ave any legal or equit	able interest in a	any residence, bu	uilding, land, or similar property?			
Note that apply   Single-family home   Duplex or multi-unit building   Condominium or cooperative   Do not deduct secured claims or exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secure	☐ No. Go to Part	2.						
Note that apply   Single-family home   Duplex or multi-unit building   Condominium or cooperative   Do not deduct secured claims or exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secured claims of exemptions. Put the amount of any secure	_							
Single-family home								
Single-family home	Yes. Where is	the property?						
Single-family home	Yes. Where is	the property?						
Street address, if available, or other description    Duplex or multi-unit building   Condominium or cooperative     Duplex or multi-unit building   Condominium or cooperative     Manufactured or mobile home   Land   La	■ Yes. Where is	the property?						
Valley City OH 44280-0000 City State ZIP Code Investment property Investment property Investment property Investment property Investment property? Investmen		the property?		What is the p	roperty? Check all that apply			
Condominium or cooperative    Manufactured or mobile home	1.1 <b>1200 West</b>	River Road		•		Do not deduct	secured clai	ms or exemptions. Put
Walley City OH 44280-0000 City State ZIP Code Investment property	1.1 <b>1200 West</b>	River Road	otion	Single-	family home	the amount of	any secured	claims on Schedule D:
Valley City OH 44280-0000 City State ZIP Code Investment property State ZIP Code State ZIP Code Investment property State ZIP Code State ZIP Code Investment property State ZIP Code State ZIP Code State ZIP Code Investment property State ZIP Code State Poperty? State ZIP Code State ZIP Code State Property? State Property State Pro	1.1 _ <b>1200 West</b>	River Road	otion	Single- Duplex	family home or multi-unit building	the amount of	any secured	claims on Schedule D:
City State ZIP Code   Investment property   \$320,000.00 \$320,000.00	1.1 _ <b>1200 West</b>	River Road	otion	Single- Duplex Condo	family home cor multi-unit building minium or cooperative	the amount of	any secured	claims on Schedule D:
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Medina    Other   Who has an interest in the property? Check one   Debtor 1 only   Debtors' own jointly.    Medina   Debtor 2 only   Debtor 1 and Debtor 2 only   Check if this is community property   Check if this is commu	1.1  1200 West Street address,	River Road f available, or other descrip		Single- Duplex Condo	family home cor multi-unit building minium or cooperative	the amount of Creditors Who	any secured have Claim	claims on Schedule D: s Secured by Property.
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1. Flagstar Bank \$ 273,530.00 (\$1,767.19 / month inc RE & INS) Arrearage \$9,012.15 Intend to retain and pay	1.1  1200 West Street address,  Valley City City  Medina	River Road f available, or other descrip	14280-0000	Single- Duplex Condo  Manufa Land Investr Timesl Other Who has an i Debtor Debtor At leas Other informs	family home cor multi-unit building minium or cooperative actured or mobile home ment property nare  nterest in the property? Check one 1 only 2 only 1 and Debtor 2 only t one of the debtors and another ation you wish to add about this ite	Current value entire propers \$320,  Describe the (such as fee a life estate),  Debtors' o	any secured of Have Claims of the ty?  000.00  nature of you simple, tenaif known.  wn jointly  this is commutations)	claims on Schedule D: s Secured by Property.  Current value of the portion you own? \$320,000.00  our ownership interest ncy by the entireties, or
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	1.1  1200 West Street address,  Valley City City  Medina	River Road f available, or other descrip	14280-0000	Single- Duplex Condo  Manufa Land Investr Timesh Other Who has an i Debtor Debtor At leas Other informs property iden Liens: 1. Flagsta Arreara Intend to r	family home cor multi-unit building minium or cooperative actured or mobile home ment property hare  Interest in the property? Check one 1 only 2 only 1 and Debtor 2 only It one of the debtors and another ation you wish to add about this ite stification number:  Ir Bank \$ 273,530.00 (\$1,76) toge \$9,012.15 tetain and pay	the amount of Creditors Who  Current value entire propers \$320,  Describe the (such as fee s a life estate),  Debtors' o	any secured of Have Claims of the ty?  000.00  nature of you simple, tenaitif known.  wn jointly  this is community	claims on Schedule D: s Secured by Property.  Current value of the portion you own? \$320,000.00  our ownership interest ncy by the entireties, or

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debte		Kristina Marie Hiatt		Case number (if known) 2	4-51002
3. <b>Ca</b>	rs, vans,	trucks, tractors, sport utility	vehicles, motorcycles	_	
	No				
■ ,	Yes				
3.1	Make:	Dodge	Who has an interest in the preparty? Observe	Do not deduct secure	d claims or exemptions. Put
3.1	Model:	Ram	Who has an interest in the property? Check one  Debtor 1 only	the amount of any see	cured claims on Schedule D: Claims Secured by Property.
	Year:	2021	· _	Creditors willo Have	Ciains Secured by Froperty.
		nate mileage: 44,000	■ Debtor 2 only □ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
		formation:	☐ At least one of the debtors and another	entile property:	portion you own:
		: Chrysler Capital,	At least one of the deptors and another		
	\$1,945		☐ Check if this is community property	\$1,945.0	0 \$1,945.00
		to assume	(see instructions)		
	\$389 /				
	Finai p	payment 11/6/24			
3.2	Make:	Indian	Who has an interest in the property? Check one		d claims or exemptions. Put
	Model:	Springfield	■ Debtor 1 only		cured claims on Schedule D: Claims Secured by Property.
	Year:	2021	Debtor 2 only	Current value of the	
	Approxir	nate mileage: 44,000		entire property?	portion you own?
	Other inf	formation:	☐ At least one of the debtors and another		
		Performance Finance		\$40.40E.0	0 040.405.00
		0.73 (\$387.29 / month)	Check if this is community property	\$16,485.0	0 \$16,485.00
		10 vehicle	(see instructions)		
	To reta	ain			
3.3	Make:	Yamaha	Who has an interest in the property? Check one		d claims or exemptions. Put
	Model:	Roadstar	■ Debtor 1 only		cured claims on Schedule D: Claims Secured by Property.
	Year:	2006	Debtor 2 only		
		nate mileage: 66,000		Current value of the entire property?	Current value of the portion you own?
		formation:	At least one of the debtors and another		
	No lier	ıs			_
			Check if this is community property (see instructions)	\$1,200.0	9 \$1,200.00
Exa ■	amples: B		and other recreational vehicles, other vehicles, watercraft, fishing vessels, snowmobiles, motorcyc		
	iges you	have attached for Part 2. Writ	own for all of your entries from Part 2, including e that number here		\$19,630.00
Part 3		be Your Personal and Household			
Do y	ou own o	or have any legal or equitable	interest in any of the following items?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
		goods and furnishings	no china kitahanus		
	<i>(amples:</i> No	Major appliances, furniture, line	ns, china, kitchenware		
_		a a vila a			
	Yes. De	SCHDE			

	Bret Howard Hiatt Kristina Marie Hiatt	Case number (if known	24-51002
	Household goods and furnishings. No single excess of \$575 if individually owned and \$1,		\$1,400.00
7. Electronic Examples.  □ No ■ Yes. December 1.	: Televisions and radios; audio, video, stereo, and digital equipment; of including cell phones, cameras, media players, games	computers, printers, scanners; music	collections; electronic devices
	Television(s), VCR(s), computer(s),cell phonitem has a value in excess of \$575 if individu \$1,150.00 if jointly owned		\$1,400.00
8. Collectible  Examples.  ■ No  □ Yes. De	: Antiques and figurines; paintings, prints, or other artwork; books, pict other collections, memorabilia, collectibles	ures, or other art objects; stamp, coi	n, or baseball card collections;
	at for sports and hobbies  : Sports, photographic, exercise, and other hobby equipment; bicycles musical instruments  rescribe	, pool tables, golf clubs, skis; canoes	s and kayaks; carpentry tools;
10. <b>Firearms</b> Example: □ No ■ Yes. De	es: Pistols, rifles, shotguns, ammunition, and related equipment		
	Smith & Wesson 45 ACP		\$750.00
	Smith & Wesson 38 spc		\$400.00
	Kel-Tec KS7 12 g shotgun		\$350.00
11. Clothes  Example.  □ No ■ Yes. De	es: Everyday clothes, furs, leather coats, designer wear, shoes, access escribe	ories	
	Clothing (H) - Misc \$250 (W) - Misc \$250		\$500.00
12. <b>Jewelry</b> Example: □ No ■ Yes. De	es: Everyday jewelry, costume jewelry, engagement rings, wedding ring	gs, heirloom jewelry, watches, gems,	gold, silver
	Jewelry (H) - Misc \$50 (W) - Wedding ring \$800.00 - Misc \$700		\$1,550.00

	btor 1 btor 2	Bret Howard Kristina Marie				Case number (if known)	24-51002
	Ехатр	rm animals oles: Dogs, cats, b	irds, hor	ses			
	■ No □ Yes.	Describe					
		her personal and	housel	nold items you did ı	not already list, including any h	ealth aids you did not list	
	■ No □ Yes.	Give specific info	rmation.				
15.					art 3, including any entries for p	pages you have attached	\$6,350.00
Pai	rt 4: Des	scribe Your Financ	ial Asset	s			
Do	you ow	rn or have any le	gal or e	quitable interest in	any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	□ No			our wallet, in your ho	me, in a safe deposit box, and on	hand when you file your petition	on
						Cash on hand (H) - \$10 (W) - \$10	\$20.00
	Examp □ No				unts; certificates of deposit; share with the same institution, list each Institution name:		nouses, and other similar
			17.1.	Checking	Huntington Bank		\$2,000.00
			17.2.	Checking	Huntington Bank Checking		\$40.00
		, <b>mutual funds, o</b> oles: Bond funds, i			kerage firms, money market acco	unts	
				Institution or issuer r	name:		
	Non-pu joint vo □ No		ck and	interests in incorpo	prated and unincorporated busing	nesses, including an interes	t in an LLC, partnership, and
	Yes.	Give specific info		about them ne of entity:		% of ownership:	
			Sal sal So	es le proprietorship	g / jewelry / knick knacks		
				btor, wife, is sole /24 - present	owner.	%	\$0.00

Debtor		ina Marie Hiatt			Case number (if known)	24-51002
Ne	gotiable ins n-negotiable	truments include personal	checks, cashiers	e and non-negotiable instrun checks, promissory notes, an to someone by signing or deliv	d money orders.	
		ecific information about the Issuer name				
		pension accounts erests in IRA, ERISA, Keog	gh, 401(k), 403(b)	, thrift savings accounts, or oth	ner pension or profit-sharing	plans
■ N □ Y	-	h account separately. Type of accou	nt:	Institution name:		
Yo	ur share of a			you may continue service or us c utilities (electric, gas, water),		nies, or others
■ N □ Y	o es			Institution name or individual	l:	
			ent of money to y	ou, either for life or for a numb	per of years)	
23. <b>A</b> ■ N	•	ontract for a periodic paying	ient of money to y	you, entiter for the or for a fluthic	Der or years)	
ПΥ	es	Issuer name and de	escription.			
	J.S.C. §§ 53	education IRA, in an acc 0(b)(1), 529A(b), and 529		ed ABLE program, or under a	a qualified state tuition pro	ogram.
	es	Institution name an	d description. Sep	parately file the records of any	interests.11 U.S.C. § 521(c)	
25. <b>Tru</b> ■ N	_	ole or future interests in	property (other t	than anything listed in line 1	), and rights or powers exe	ercisable for your benefit
	-	ecific information about th	em			
Ex	amples: Inte	rights, trademarks, trade ernet domain names, webs		ner intellectual property om royalties and licensing agre	ements	
■ N □ Y	-	ecific information about th	em			
Ex	amples: Buil	chises, and other general ding permits, exclusive lic		ve association holdings, liquor	licenses, professional licens	es
■ N □ Y		ecific information about th	em			
Money	or property	y owed to you?				Current value of the portion you own?  Do not deduct secured
						claims or exemptions.
□N		·				
■ Y	es. Give spe	ecific information about the	em, including whe	ether you already filed the retur	ns and the tax years	
			2024 Federal	and State Tax Refunds	Tax Refunds	Unknown
Ex.	0		y, spousal suppoi	rt, child support, maintenance,	divorce settlement, property	settlement

Debtor 2	Kristina Marie Hiatt		Ca	ase number (if known) 2	4-51002
		Wood, Walter Child support Arrearage: \$6,000 Payments are sporadic a	nd unreliable.	Child support	\$0.00
	amounts someone owes you bles: Unpaid wages, disability ins benefits; unpaid loans you	surance payments, disability benefits, s made to someone else	sick pay, vacation	pay, workers' compensa	tion, Social Security
☐ Yes.	Give specific information				
	sts in insurance policies bles: Health, disability, or life insu	urance; health savings account (HSA);	credit, homeowne	er's, or renter's insurance	
☐ Yes.	Name the insurance company of Company		Beneficiary	r:	Surrender or refund value:
If you somed		ou from someone who has died st, expect proceeds from a life insuran	ce policy, or are cu	urrently entitled to receive	property because
Examp ■ No		or not you have filed a lawsuit or noutes, insurance claims, or rights to su		or payment	
■ No	contingent and unliquidated cl  Describe each claim	aims of every nature, including cou	nterclaims of the	debtor and rights to se	t off claims
■ No	nancial assets you did not alreading Give specific information	ady list			
	•	ntries from Part 4, including any en		ou have attached	\$2,060.00
Part 5: De	scribe Any Business-Related Prop	erty You Own or Have an Interest In. Lis	any real estate in F	Part 1.	
_	own or have any legal or equitable to Part 6.	interest in any business-related propert	y?		
☐ Yes. (	Go to line 38.				
	scribe Any Farm- and Commercial rou own or have an interest in farmlar	Fishing-Related Property You Own or H. id, list it in Part 1.	ave an Interest In.		
	u own or have any legal or equ Go to Part 7.	itable interest in any farm- or comm	ercial fishing-rela	ated property?	
☐ Yes	s. Go to line 47.				

Debtor 1

**Bret Howard Hiatt** 

Describe All Property You Own or Have an Interest in That You Did Not List Above

Debto	Kristina Marie Hiatt		Case number (if known)	24-51002
	you have other property of any kind you did not already list?  kamples: Season tickets, country club membership			
	No			
	es. Give specific information			
54. <b>A</b>	dd the dollar value of all of your entries from Part 7. Write that	number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. <b>P</b>	art 1: Total real estate, line 2			\$320,000.00
56. <b>P</b>	art 2: Total vehicles, line 5	\$19,630.00		
57. <b>P</b>	art 3: Total personal and household items, line 15	\$6,350.00		
58. <b>P</b>	art 4: Total financial assets, line 36	\$2,060.00		
59. <b>P</b>	art 5: Total business-related property, line 45	\$0.00		
60. <b>P</b>	art 6: Total farm- and fishing-related property, line 52	\$0.00		
61. <b>P</b>	art 7: Total other property not listed, line 54 +	\$0.00		
62. <b>T</b>	otal personal property. Add lines 56 through 61	\$28,040.00	Copy personal property to	otal <b>\$28,040.00</b>
63. <b>T</b>	otal of all property on Schedule A/B. Add line 55 + line 62			\$348,040.00

**Bret Howard Hiatt** 

Debtor 1

Fill in this infor	mation to identify your	case:		
Debtor 1	Bret Howard Hiat	tt		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO	
Case number	24-51002			
(if known)				☐ Check if this is an
				amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	rt 1: Identify the Property You Claim as E	xempt					
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	ur spouse is filing with you.			
■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)							
	☐ You are claiming federal exemptions. 11 t	J.S.C. § 522(b)(2)					
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.			
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.			
De	ebtor 1 Exemptions						
	1200 West River Road Valley City, OH 44280 Medina County	\$320,000.00		\$161,375.00	Ohio Rev. Code Ann. § 2329.66(A)(1)		
	Liens:  1. Flagstar Bank \$ 273,530.00 (\$1,767.19 / month inc RE & INS) Arrearage \$9,012.15 Intend to retain and pay 3 Months arreages Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	2020100(1-1)		
	2006 Yamaha Roadstar 66,000 miles	\$1,200.00		\$1,200.00	Ohio Rev. Code Ann. § 2329.66(A)(2)		
	Line from Schedule A/B: 3.3			100% of fair market value, up to any applicable statutory limit	2020.00(A)(2)		
	Household goods and furnishings. No single item has a value in excess	\$1,400.00		\$700.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)		
	of \$575 if individually owned and \$1,150.00 if jointly owned			100% of fair market value, up to any applicable statutory limit	2020.00(1)(1)(4)		

24-51002 Debtor 2 Kristina Marie Hiatt Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Ohio Rev. Code Ann. § Television(s), VCR(s), \$700.00 \$1,400.00 computer(s),cell phone(s) ect.. No 2329.66(A)(4)(a) single item has a value in excess of 100% of fair market value, up to \$575 if individually owned and any applicable statutory limit \$1,150.00 if jointly owned Line from Schedule A/B: 7.1 Smith & Wesson 45 ACP Ohio Rev. Code Ann. § \$750.00 \$750.00 Line from Schedule A/B: 10.1 2329.66(A)(4)(a) 100% of fair market value, up to any applicable statutory limit Kel-Tec KS7 12 g shotgun Ohio Rev. Code Ann. § \$350.00 \$350.00 Line from Schedule A/B: 10.3 2329.66(A)(4)(a) 100% of fair market value, up to any applicable statutory limit Clothing Ohio Rev. Code Ann. § \$500.00 \$250.00 (H) - Misc \$250 2329.66(A)(4)(a) (W) - Misc \$250 100% of fair market value, up to Line from Schedule A/B: 11.1 any applicable statutory limit **Jewelry** Ohio Rev. Code Ann. § \$50.00 \$1.550.00 (H) - Misc \$50 2329.66(A)(4)(b) (W) - Wedding ring \$800.00 100% of fair market value, up to - Misc \$700 any applicable statutory limit Line from Schedule A/B: 12.1 Cash on hand Ohio Rev. Code Ann. § \$10.00 \$20.00 2329.66(A)(3) (H) - \$10 (W) - \$10 100% of fair market value, up to Line from Schedule A/B: 16.1 any applicable statutory limit **Checking: Huntington Bank** Ohio Rev. Code Ann. § \$2,000.00 75% Line from Schedule A/B: 17.1 2329.66(A)(13) 100% of fair market value, up to any applicable statutory limit **Checking: Huntington Bank** Ohio Rev. Code Ann. § \$500.00 \$2,000.00 Line from Schedule A/B: 17.1 2329.66(A)(3) 100% of fair market value, up to any applicable statutory limit Child support: Wood, Walter Ohio Rev. Code Ann. § \$0.00 100% **Child support** 2329.66(A)(11) Arrearage: \$6,000 100% of fair market value, up to Payments are sporadic and any applicable statutory limit unreliable. Line from Schedule A/B: 29.1 3. Are you claiming a homestead exemption of more than \$189,050 (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No п Yes

**Bret Howard Hiatt** 

Debtor 1

Deb	tor i	Howard Hiatt tina Marie Hiatt				Case number (if know	vn)	24-51002
Fill	in this info	rmation to identify your case:						
	otor 1	• •						
Der	NOI I	First Name	Middle Name	- 1	Last Name			
	otor 2	Kristina Marie Hiatt						
(Spo	use if, filing)	First Name	/liddle Name	ı	Last Name			
Unit	ted States B	ankruptcy Court for the: NORT	THERN DISTRICT OF	OHIC	)			
Cas	se number	24-51002						
(if kn								☐ Check if this is an amended filing
Эf	ficial Fo	orm 106C						
Sc	chedu	le C: The Propei	rty You Cla	aim	n as E	xempt		4/22
For each	cific dollar a applicable s ls—may be nption to a ne applicable	of property you claim as exempt amount as exempt. Alternatively statutory limit. Some exemptior unlimited in dollar amount. How particular dollar amount and the le statutory amount.	you may claim the fas—such as those for wever, if you claim and e value of the proper exempt	full fa r heal n exei ty is o	air market v Ith aids, rig mption of 1 determined	alue of the property hts to receive certain 00% of fair market va to exceed that amou	bein 1 bei alue	g exempted up to the amount of nefits, and tax-exempt retirement
	_	of exemptions are you claiming	-	-				
	_	claiming state and federal nonban		11 U.	S.C. § 522(t	0)(3)		
	☐ You are	claiming federal exemptions. 11	U.S.C. § 522(b)(2)					
2.	For any pro	pperty you list on Schedule A/B	that you claim as exe	empt,	, fill in the ii	nformation below.		
		otion of the property and line on B that lists this property	Current value of the portion you own	Am	nount of the e	exemption you claim		Specific laws that allow exemption
			Copy the value from Schedule A/B	Ch	eck only one l	box for each exemption.		
Del	btor 2 Exe	mptions						
		t River Road Valley City, OH edina County	\$320,000.00			\$0.00	,	Ohio Rev. Code Ann. § 2329.66(A)(1)
	Liens: 1. Flagsta (\$1,767.19     Arreara Intend to 3 Months	ar Bank \$ 273,530.00 0 / month inc RE & INS) age \$9,012.15 retain and pay			10070011	air market value, up to cable statutory limit		

Household goods and furnishings.

of \$575 if individually owned and

\$1,150.00 if jointly owned

Line from Schedule A/B: 6.1

No single item has a value in excess

\$1,400.00

Ohio Rev. Code Ann. §

2329.66(A)(4)(a)

\$700.00

100% of fair market value, up to

any applicable statutory limit

	otor 1 otor 2	Bret Howard Hiatt Kristina Marie Hiatt			Case number (if known)	24-51002
		ief description of the property and line on Current value of the chedule A/B that lists this property portion you own		Am	ount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
		vision(s), VCR(s), puter(s),cell phone(s) ect No	\$1,400.00	-	\$700.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
	sing \$575 \$1,1	if individually owned and 50.00 if jointly owned rom Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	2020:00(+)(+)(a)
		h & Wesson 38 spc	\$400.00		\$400.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
	Lino	ioni concedere /v.b. 1912			100% of fair market value, up to any applicable statutory limit	2020:00(: 1)( : 1)(2)
	Clotl	ning Misc \$250	\$500.00		\$250.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
	(W) -	Misc \$250 rom Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	2020:00(: 1)( : 1)(a)
	Jewelry (H) - Misc \$50		\$1,550.00		\$1,500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)
	(W) - -	Wedding ring \$800.00 Misc \$700 rom Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	
	Cash on hand (H) - \$10		\$20.00		\$10.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
	(W) -				100% of fair market value, up to any applicable statutory limit	
		cking: Huntington Bank	\$40.00		\$40.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
		rom Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
		/ Retail Sales of used clothing / jewelry / knick	\$0.00		\$2,825.00	Ohio Rev. Code Ann. § 2329.66(A)(5)
knacks sales Sole proprietorship Debtor, wife, is sole owner. 2/1/24 - present 100 % ownership Line from Schedule A/B: 19.1		cks sales proprietorship or, wife, is sole owner. 4 - present % ownership			100% of fair market value, up to any applicable statutory limit	
<ul> <li>3. Are you claiming a homestead exemption of more than \$189,050?         (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)         No     </li> <li>Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?</li> </ul>						,
		□ No □ Yes				

Fill in this information to identify yo	ur case:			
Debtor 1 Bret Howard H	iatt			
First Name	Middle Name Last Name			
Debtor 2 Kristina Marie	Hiatt			
(Spouse if, filing) First Name	Middle Name Last Name			
United States Bankruptcy Court for the	e: NORTHERN DISTRICT OF OHIO			
Case number <b>24-51002</b>				
(if known)			_	if this is an
			ameno	led filing
Official Form 106D				
	- W/ 11 Ol-i O		_	
Schedule D: Creditor:	s Who Have Claims Secured	by Propert	У	12/15
	. If two married people are filing together, both are equ			
is needed, copy the Additional Page, fill in number (if known).	tout, number the entries, and attach it to this form. On	the top of any addition	nal pages, write your na	me and case
Do any creditors have claims secured I	by your property?			
<u>_</u> *	this form to the court with your other schedules. Yo	u have nothing else t	o report on this form.	
Yes. Fill in all of the information	•	- · · · · · · · · · · · · · · · · · · ·		
	i below.			
Part 1: List All Secured Claims		Column A	Column B	Column C
	more than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
	tical order according to the creditor's name.	Do not deduct the	that supports this	portion
2.1 Chrysler Capital	Describe the property that secures the claim:	value of collateral. \$1,945.00	claim \$1,945.00	If any <b>\$0.00</b>
Creditor's Name	2021 Dodge Ram 44,000 miles	<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>		
	Lease:: Chrysler Capital, \$1,945.00			
	Intend to assume			
c/o Betty Jotanovic, CEO	\$389 / month			
1601 Elm Street Ste 800 #	Final payment 11/6/24  As of the date you file, the claim is: Check all that			
800	apply.			
Dallas, TX 75201	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secu	ured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			

community debt

Date debt was incurred

Last 4 digits of account number XXXX

Debtor 1 Bret Howard Hiatt		Case number (if known)	24-51002	
First Name Middle N	ame Last Name			
Debtor 2 Kristina Marie Hiatt First Name Middle N	ame Last Name			
riist Name iviiddie N	anie Last Name			
2.2 Flagstar Bank	Describe the property that secures the claim:	\$273,530.00	\$320,000.00	\$0.00
Creditor's Name	1200 West River Road Valley City,		· · · · · · · · · · · · · · · · · · ·	
	OH 44280 Medina County			
	Liens:			
	1. Flagstar Bank \$ 273,530.00			
	(\$1,815 / month inc RE & INS) Arrearage \$6,000.00			
de Alexandra B'Nalla	Intend to retain and pay			
c/o Alessandro DiNello, President	3 Months arreages			
5151 Corporate Drive	As of the date you file, the claim is: Check all that	1		
Troy, MI 48098	apply. ☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
, , , , , , , , , , , , , , , , , , , ,	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	■ An agreement you made (such as mortgage or	secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt				
Opened				
07/21 Last				
•	Last 4 digits of account number 499	7		
Date debt was incurred Active 03/24				
Date debt was incurred Active 03/24  2.3 Performance Finance	Describe the property that secures the claim:	\$17,870.73	\$16,485.00	\$1,385.73
Date debt was incurred Active 03/24	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles		\$16,485.00	\$1,385.73
Date debt was incurred O7/21 Last Active 03/24  2.3 Performance Finance  Creditor's Name	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles Lien: Performance Finance		\$16,485.00	\$1,385.73
Date debt was incurred O7/21 Last Active 03/24  2.3 Performance Finance Creditor's Name  C/o Dennis Derrieux,	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles Lien: Performance Finance \$17,870.73 (\$387.29 / month)		\$16,485.00	\$1,385.73
Date debt was incurred O7/21 Last Active 03/24  2.3 Performance Finance Creditor's Name  c/o Dennis Derrieux, President	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles Lien: Performance Finance		\$16,485.00	\$1,385.73
Date debt was incurred O7/21 Last Active 03/24  2.3 Performance Finance Creditor's Name  c/o Dennis Derrieux, President 10509 Professional Circle	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles Lien: Performance Finance \$17,870.73 (\$387.29 / month) Non-910 vehicle To retain As of the date you file, the claim is: Check all that		\$16,485.00	\$1,385.73
2.3 Performance Finance Creditor's Name  c/o Dennis Derrieux, President 10509 Professional Circle Ste 100	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles Lien: Performance Finance \$17,870.73 (\$387.29 / month) Non-910 vehicle To retain  As of the date you file, the claim is: Check all that apply.		\$16,485.00	\$1,385.73
Date debt was incurred  O7/21 Last Active 03/24  2.3 Performance Finance Creditor's Name  c/o Dennis Derrieux, President 10509 Professional Circle Ste 100 Reno, NV 89521	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles Lien: Performance Finance \$17,870.73 (\$387.29 / month) Non-910 vehicle To retain  As of the date you file, the claim is: Check all that apply.  Contingent		\$16,485.00	\$1,385.73
2.3 Performance Finance Creditor's Name  c/o Dennis Derrieux, President 10509 Professional Circle Ste 100	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles Lien: Performance Finance \$17,870.73 (\$387.29 / month) Non-910 vehicle To retain As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated		\$16,485.00	\$1,385.73
Date debt was incurred  O7/21 Last Active 03/24  2.3 Performance Finance Creditor's Name  c/o Dennis Derrieux, President 10509 Professional Circle Ste 100 Reno, NV 89521	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles Lien: Performance Finance \$17,870.73 (\$387.29 / month) Non-910 vehicle To retain  As of the date you file, the claim is: Check all that apply.  Contingent		\$16,485.00	\$1,385.73
Date debt was incurred  O7/21 Last Active 03/24  2.3 Performance Finance Creditor's Name  c/o Dennis Derrieux, President 10509 Professional Circle Ste 100 Reno, NV 89521  Number, Street, City, State & Zip Code	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles Lien: Performance Finance \$17,870.73 (\$387.29 / month) Non-910 vehicle To retain  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.	\$17,870.73	\$16,485.00	\$1,385.73
Date debt was incurred  O7/21 Last Active 03/24  2.3 Performance Finance Creditor's Name  c/o Dennis Derrieux, President 10509 Professional Circle Ste 100 Reno, NV 89521  Number, Street, City, State & Zip Code  Who owes the debt? Check one.	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles Lien: Performance Finance \$17,870.73 (\$387.29 / month) Non-910 vehicle To retain  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed	\$17,870.73	\$16,485.00	\$1,385.73
Date debt was incurred  O7/21 Last Active 03/24  2.3 Performance Finance Creditor's Name  C/o Dennis Derrieux, President 10509 Professional Circle Ste 100 Reno, NV 89521  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles Lien: Performance Finance \$17,870.73 (\$387.29 / month) Non-910 vehicle To retain  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or	\$17,870.73	\$16,485.00	\$1,385.73
Date debt was incurred  O7/21 Last Active 03/24  2.3 Performance Finance Creditor's Name  C/o Dennis Derrieux, President 10509 Professional Circle Ste 100 Reno, NV 89521  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles Lien: Performance Finance \$17,870.73 (\$387.29 / month) Non-910 vehicle To retain  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or car loan)	\$17,870.73	\$16,485.00	\$1,385.73
Date debt was incurred  O7/21 Last Active 03/24  2.3 Performance Finance Creditor's Name  C/o Dennis Derrieux, President 10509 Professional Circle Ste 100 Reno, NV 89521  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles Lien: Performance Finance \$17,870.73 (\$387.29 / month) Non-910 vehicle To retain  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or car loan)  Statutory lien (such as tax lien, mechanic's lien)	\$17,870.73	\$16,485.00	\$1,385.73
Date debt was incurred  2.3 Performance Finance Creditor's Name  C/o Dennis Derrieux, President 10509 Professional Circle Ste 100 Reno, NV 89521  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only  Debtor 1 and Debtor 2 only At least one of the debtors and another	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles Lien: Performance Finance \$17,870.73 (\$387.29 / month) Non-910 vehicle To retain  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit	\$17,870.73	\$16,485.00	\$1,385.73
Date debt was incurred  2.3 Performance Finance Creditor's Name  C/o Dennis Derrieux, President 10509 Professional Circle Ste 100 Reno, NV 89521  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only  Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles Lien: Performance Finance \$17,870.73 (\$387.29 / month) Non-910 vehicle To retain  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit	\$17,870.73	\$16,485.00	\$1,385.73
Date debt was incurred  2.3 Performance Finance Creditor's Name  C/o Dennis Derrieux, President 10509 Professional Circle Ste 100 Reno, NV 89521  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only  Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles Lien: Performance Finance \$17,870.73 (\$387.29 / month) Non-910 vehicle To retain  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)	\$17,870.73	\$16,485.00	\$1,385.73
Date debt was incurred  2.3 Performance Finance Creditor's Name  C/o Dennis Derrieux, President 10509 Professional Circle Ste 100 Reno, NV 89521  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only  Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles Lien: Performance Finance \$17,870.73 (\$387.29 / month) Non-910 vehicle To retain  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)	\$17,870.73 secured		\$1,385.73
Date debt was incurred  O7/21 Last Active 03/24  2.3 Performance Finance Creditor's Name  C/o Dennis Derrieux, President 10509 Professional Circle Ste 100 Reno, NV 89521  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred	Describe the property that secures the claim:  2021 Indian Springfield 44,000 miles Lien: Performance Finance \$17,870.73 (\$387.29 / month) Non-910 vehicle To retain  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)  Last 4 digits of account number XXX	\$17,870.73		\$1,385.73

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Debtor 1	Bret Howard Hiatt			Case number (if known)	24-51002	
	First Name	Middle Name	Last Name			
Debtor 2	Kristina Marie Hi	att				
	First Name	Middle Name	Last Name			
F A 5	ame, Number, Street, Cit lagstar Bank ttn: Bankruptcy I 151 Corporate Dri <sup>*</sup> rov. MI 48098	Dept		On which line in Part 1 did you ento		

	ation to identify your cas						
Debtor 1	Bret Howard Hiatt First Name	Middle Name	Last Nam	Α			
Debtor 2	Kristina Marie Hiatt	Wildule Name	Last Nam	5			
(Spouse if, filing)	First Name	Middle Name	Last Nam	е	-		
United States Ban	kruptcy Court for the: N	ORTHERN DISTRIC	OF OHIO				
Coco numbor 2	4 54000						
Case number 2 (if known)	4-51002					☐ Check i	f this is an
,						amende	
C(() : 1 E	4005/5						
Official Form							40/45
	F: Creditors Who accurate as possible. Use P						12/15
ame and case num  Part 1: List All	inuation Page to this page. I ber (if known). I of Your PRIORITY Unser Is have priority unsecured c	cured Claims		,			
No. Go to Pa	• •	anns agamst you:					
Yes.							
identify what type possible, list the Part 1. If more the	priority unsecured claims. If e of claim it is. If a claim has b claims in alphabetical order an anan one creditor holds a partic tion of each type of claim, see	oth priority and nonpriorit coording to the creditor's ular claim, list the other c	y amounts, list that on name. If you have noted the distribution of the contract of the contra	claim here a nore than tw	nd show both priority a	nd nonpriority amount aims, fill out the Contin	s. As much as uation Page of Nonpriority
2.1 Internal	Revenue Service*	Loot 4 digito s	f account number		\$20,005,00	amount	amount \$14,902.00
	ditor's Name	Last 4 digits 0	f account number		\$30,005.00	\$15,203.00	\$14,802.0
PO Box		When was the	debt incurred?	2020 , 2	022, 2023		
	phia, PA 19101-7346 reet City State Zip Code	As of the date	you file, the claim	is: Check a	Il that apply		
	the debt? Check one.	☐ Contingent	,				
Debtor 1 or	nly	☐ Unliquidate	d				
Debtor 2 or	nly	☐ Disputed	<b>u</b>				
■ Debtor 1 ar	nd Debtor 2 only		RITY unsecured cla	aim:			
	e of the debtors and another	☐ Domestic s	upport obligations				
	nis claim is for a community	deht Taxes and	certain other debts	ou owe the	government		
I Check if th	ubject to offset?		death or personal in		-		
			•	. ,			
		Other, Spec	cify				

Debto Debto	or 1 Bret Howard Hiatt  Exercise 1		Case number (if known)	24-51002	
2.2	Ohio Department of Taxation*	Last 4 digits of account number	\$291.00	\$291.0	\$0.00
	Priority Creditor's Name Attn: Bankruptcy Division PO Box 530	When was the debt incurred?	2022, 2023	_	
	Columbus, OH 43216-0530				
,	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
_	_	☐ Unliquidated			
	☐ Debtor 2 only	☐ Disputed			
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:		
ı	$\square$ At least one of the debtors and another	☐ Domestic support obligations			
ı	☐ Check if this claim is for a community debt	Taxes and certain other debts y	ou owe the government		
ı	s the claim subject to offset?	Claims for death or personal inj	ury while you were intoxicated		
	No	Other. Specify			
I	☐ Yes	Personal ii 2022 \$130 2023 \$161	ncome tax liability		
4. Li ur th	St all of your nonpriority unsecured claims in the insecured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2.	laim. For each claim listed, identify wh	nat type of claim it is. Do not list o	laims already include claims fill out the Cor	ed in Part 1. If more
4.1	Ally Financial, Inc	Last 4 digits of account numb	er <u>5017</u>		\$290.00
	Nonpriority Creditor's Name Attn: Bankruptcy 500 Woodard Ave Detroit, MI 48226	When was the debt incurred?	2020		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the cla	im is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	□ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsec	ured claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a s report as priority claims	eparation agreement or divorce t	hat you did not	
	■ No	Debts to pension or profit-sh	aring plans, and other similar del	ots	
	☐ Yes	Other. Specify Deficien	cy balance on lease of a	utomobile	

Debtor Debtor	1 Bret Howard Hiatt 2 Kristina Marie Hiatt		Case number (if known) 24-51002	2			
4.2	Amex	Last 4 digits of account number	iple	\$3,906.00			
	Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998	When was the debt incurred?	2017				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent					
	_	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only  ■ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepreport as priority claims	aration agreement or divorce that you did no	ot			
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts				
		, ,					
	☐ Yes	Other. Specify Revolving	account	<u> </u>			
4.3	Blaze Mastercard Nonpriority Creditor's Name	Last 4 digits of account number	4236	\$2,440.00			
	Po Box 2534	When was the debt incurred?	2024				
	Omaha, NE 68103  Number Street City State Zip Code	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	• ,					
	☐ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	•	Type of NONPRIORITY unsecured claim:				
		☐ Student loans	<del> </del>				
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did no	nt.			
	Is the claim subject to offset?	report as priority claims	aration agreement of divorce that you did no	Л			
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts				
	Yes	■ Other. Specify Revolving	account				
4.4	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	iple	\$19,312.00			
	Attn: Bankruptcy	When was the debt incurred?	2017				
	Po Box 30285						
	Salt Lake City, UT 84130						
	Number Street City State Zip Code	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.  ☐ Debtor 1 only	_					
		Contingent					
	Debtor 2 only	Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed	d alain.				
	At least one of the debtors and another	Type of NONPRIORITY unsecure	a ciaim:				
	☐ Check if this claim is for a community debt	0 0 1	aration agreement or divorce that you did no	ot			
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharing					
	□Yes	■ Other. Specify Revolving	account				

Debtor	2 Kristina Marie Hiatt		Case number (if known) 2	4-51002	
4.5	Cbna	Last 4 digits of account number	0095	\$775.00	
	Nonpriority Creditor's Name	-			
	Attn: Centralized Bankruptcy/Citicorp	When was the debt incurred?	2022		
	Po Box 790034				
	St Louis, MO 63179				
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that	you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify Revolving	account		
4.6	Citi Card/Best Buy Nonpriority Creditor's Name	Last 4 digits of account number	5588	\$3,446.00	
	Attn: Citicorp Cr Srvs Centralized	When was the debt incurred?	2020		
	Bankr				
	Po Box 790040				
	St Louis, MO 36179  Number Street City State Zip Code	As of the date you file, the claim	is: Chack all that apply		
	Who incurred the debt? Check one.	As of the date you me, the claim	S. Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	_ '			
	_	☐ Disputed  Type of NONPRIORITY unsecure	d claim:		
	At least one of the debtors and another	☐ Student loans	u Ciaiiii.		
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a sepa	ration agreement or diverse that	var did not	
	Is the claim subject to offset?	report as priority claims	iration agreement or divorce that	you aid not	
	■ No	Debts to pension or profit-sharir	g plans, and other similar debts		
	□ Yes	■ Other Specify Revolving	account		
	163	Other. Specify			
4.7	Citibank Nonpriority Creditor's Name	Last 4 digits of account number	0087	\$2,640.00	
	Citicorp Cr Srvs/Centralized	When was the debt incurred?	2021		
	Bankruptcy				
	Po Box 790040				
	St Louis, MO 63179  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	,,,			
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	_	Student loans			
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a sepa	ration agreement or divorce that	you did not	
	Is the claim subject to offset?	report as priority claims	ada on agreement of divorce that	you and not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts		
	☐ Yes	■ Other. Specify Revolving	account		

Debtor Debtor	1 Bret Howard Hiatt 2 Kristina Marie Hiatt		Case number (if known)	24-51002	
4.8	Citibank/The Home Depot	Last 4 digits of account number	0908		\$3,819.00
	Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 St Louis, MO 63179	When was the debt incurred?	2019		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar de	bts	
	Yes	Other. Specify Revolving	account		
4.9	Coastl/prosp	Last 4 digits of account number	4804		\$1,520.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept 221 Main Street, Ste 400 San Francisco, CA 94105	When was the debt incurred?	2022		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify Revolving	account		
4.1	Comenity Bank Nonpriority Creditor's Name	Last 4 digits of account number	9512		\$3,736.00
	PO Box 182121 Columbus, OH 43218-2121	When was the debt incurred?	2023		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	d claim:			
	☐ Check if this claim is for a community debt	<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul>	aration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims		, 5 & did 1101	
	No	☐ Debts to pension or profit-sharing	ng plans, and other similar de	bts	
	□Yes	■ Other. Specify Revolving	account		

Debtor Debtor	1 Bret Howard Hiatt 2 Kristina Marie Hiatt		Case number (if known) 24-51002	
4.1 1	Cometiy Capital Bank	Last 4 digits of account number	1843	\$1,451.13
	Nonpriority Creditor's Name c/oMidland Funding Management 2365 Northside Drive Suite 300 San Diego, CA 92108	When was the debt incurred?		
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharin		
	Yes	Other. Specify Revolving	account	
4.1	Concora Credit  Nonpriority Creditor's Name	Last 4 digits of account number	2666	\$697.00
	Po Box 84059 Columbus, GA 31908	When was the debt incurred?	2024	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharir		
	Yes	Other. Specify Revolving		
4.1	Credit One Bank	Last 4 digits of account number	9396	\$2,391.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department 6801 Cimarron Rd Las Vegas, NV 89113	When was the debt incurred?	2007	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	a plane, and other circiles debte	
	■ No	Debts to pension or profit-sharir		
	Yes	Other. Specify Revolving	account	

Debt	or 2 Kristina Marie Hiatt	Case number (if known) 24-51002	
4.1 4	Credit One Bank	Last 4 digits of account number 6171	\$2,360.00
	Nonpriority Creditor's Name PO Box 98875	When was the debt incurred? 2023	
	Las Vegas, NV 89193  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Revolving account	
4.1 5	Credit One Bank	Last 4 digits of account number 9171	\$1,079.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department 6801 Cimarron Rd	When was the debt incurred? 2021	
	Las Vegas, NV 89113  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Revolving account	
4.1 6	Credit One Bank	Last 4 digits of account number 7330	\$658.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department 6801 Cimarron Rd	When was the debt incurred? 2019	
	Las Vegas, NV 89113  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other. Specify Revolving account	

<sup>72</sup> Kristina Marie Hiatt	Case number (if known) 24-51002	
Credit One Bank	Last 4 digits of account number 1571	\$1,100.00
Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873	When was the debt incurred?	
Las Vegas, NV 89193  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	ne et alle gea me, alle etami let enlock dir that apply	
☐ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	$\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Revolving account	
Destiny Credit Card	Last 4 digits of account number	\$425.00
Nonpriority Creditor's Name Genesis FS Card Po Box 4477	When was the debt incurred?	• • • •
Beaverton, OR 97076  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.  ☐ Debtor 1 only	_	
<u> </u>	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other Specify Revolving account	
	0.00	<b>47 070 00</b>
Discover Financial Nonpriority Creditor's Name	Last 4 digits of account number 3196	\$7,279.00
Attn: Bankruptcy Po Box 3025	When was the debt incurred? 2018	
New Albany, OH 43054  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	Continued.	
Debtor 2 only	☐ Contingent ☐ Unliquidated	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐Yes	■ Other. Specify Revolving account	
· <del>-</del>	— Outer. Openity	

Debtor Debtor	<ul><li>1 Bret Howard Hiatt</li><li>2 Kristina Marie Hiatt</li></ul>		Case number (if known)	24-51002	
4.2	Discover Financial		3197		¢c 275 00
0	Nonpriority Creditor's Name	Last 4 digits of account number			\$6,375.00
	Attn: Bankruptcy Po Box 3025	When was the debt incurred?	2018		
	New Albany, OH 43054  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.  Debtor 1 only				
		☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d claim:		
	At least one of the debtors and another	Student loans	a ciaim:		
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a sepa	aration agreement or diverse t	فمع لمانا معرد فمطا	
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce t	that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar del	ots	
	Yes	Other. Specify Revolving	account		
4.2	Discover Financial	Last 4 digits of account number	9132		\$3,816.00
1	Nonpriority Creditor's Name	Last 4 digits of account number			Ψο,οιοιο
	Attn: Bankruptcy	When was the debt incurred?	2021		
	Po Box 3025				
	New Albany, OH 43054  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	,	,		
	■ Debtor 1 only				
	☐ Debtor 2 only	☐ Contingent☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	☐ Obligations arising out of a sepa	aration agreement or divorce t	that you did not	
	Is the claim subject to offset?	report as priority claims	· ·	,	
	No	Debts to pension or profit-sharing	•	ots	
	Yes	Other. Specify Revolving	account		
4.2					
2	First National Bank Of Omaha	Last 4 digits of account number	0324		\$4,375.00
	Nonpriority Creditor's Name Po Box 2557	When was the debt incurred?	2023		
	Omaha, NE 68103		2020		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separate as priority claims	aration agreement or divorce t	hat you did not	
	No	report as priority claims  Debts to pension or profit-shari	na plane, and other similar del	nte	
		·		л. <del>.</del>	
	☐ Yes	■ Other, Specify Revolving	account		

Debtor Debtor	1 Bret Howard Hiatt 2 Kristina Marie Hiatt		Case number (if known) 24-51002	
4.2	First Savings Bank/Blaze	Last 4 digits of account number	4236	\$2,440.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5096	When was the debt incurred?	2016	
	Sioux Falls, SD 57117  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed	d oloim.	
	At least one of the debtors and another	Type of NONPRIORITY unsecure  ☐ Student loans	d Claim:	
	☐ Check if this claim is for a community debt			
	Is the claim subject to offset?	☐ Obligations arising out of a separe report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	<u></u>	·		
	☐ Yes	■ Other. Specify Revolving	account	
4.2	Genesis FS Card Services  Nonpriority Creditor's Name	Last 4 digits of account number	iple	\$756.00
	Attn: Bankruptcy Po Box 4477	When was the debt incurred?	2023	
	Beaverton, OR 97076			
	Number Street City State Zip Code	As of the date you file, the claim		
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Revolving	account	
4.2	Huntington Bank	Last 4 digits of account number	3438	\$250.00
5	Nonpriority Creditor's Name	- Last 4 digits of account number		<del></del>
	Attn: Bankruptcy 41 S High St	When was the debt incurred?	2021	
	Columbus, OH 43215  Number Street City State Zip Code	As of the date you file, the claim	is: Chook all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	із. Спеск ан тат арріу	
	Debtor 1 only			
	_	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure		
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separate a priority decimal.		
	Is the claim subject to offset?	report as priority claims	and the state of t	
	■ No	Debts to pension or profit-sharin		
	Yes	Other. Specify Installment		

Debtor Debtor	Bret Howard Hiatt Kristina Marie Hiatt		Case number (if known) 24-51002			
4.2	JP Morgan Chase Bank	Last 4 digits of account number	6569	\$10,012.00		
	Nonpriority Creditor's Name Po Box 659754	When was the debt incurred?	2018			
	San Antonio, TX 78265  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	☐ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed	d alaim.			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured  ☐ Student loans	d claim:			
	Check if this claim is for a community debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not			
	Is the claim subject to offset?  ■ No	report as priority claims  Debts to pension or profit-sharin	a plans, and other similar debts			
		·				
	Yes	Other. Specify Revolving a	account			
4.2	Kohl's	Last 4 digits of account number	4280	\$3,544.00		
	Nonpriority Creditor's Name Attn: Credit Administrator Po Box 3043 Milwaukee, WI 53201	When was the debt incurred?	2016			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	Пол				
	Debtor 2 only	☐ Contingent				
	Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Revolving	account			
		<u> </u>				
4.2 8	Macy's/ DSNB	Last 4 digits of account number	4047	\$170.00		
	Nonpriority Creditor's Name Atytn: Bankruptcy 701 E. 60th Street North Sioux Falls, SD 57104	When was the debt incurred?	2021			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	☐ Debtor 1 only	☐ Contingent				
	■ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	■ Other. Specify Revolving	account			

Debtor Debtor	1 Bret Howard Hiatt 2 Kristina Marie Hiatt		Case number (if known) 24-51002				
4.2	Merrick Bank Corp	Last 4 digits of account number	3507	\$2,879.00			
	Nonpriority Creditor's Name Po Box 9201 Old Bethpage, NY 11804	When was the debt incurred?	2017				
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	• • • • • • • • • • • • • • • • • • • •				
	Yes	■ Other. Specify Revolving	account				
4.3	PNC Financial	Last 4 digits of account number	6890	\$7,579.00			
	Nonpriority Creditor's Name Attn: Bankruptcy 300fifth Ave	When was the debt incurred?	2020				
Pittsburgh, PA 15222  Number Street City State Zip Code  Who incurred the debt? Check one.		As of the date you file, the claim					
	☐ Debtor 1 only ☐ Contingent						
	■ Debtor 2 only Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	No	Debts to pension or profit-sharing	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Revolving					
4.3	PNC Financial	Last 4 digits of account number	9796	\$5,044.00			
	Nonpriority Creditor's Name Attn: Bankruptcy 300fifth Ave Pittsburgh, PA 15222	When was the debt incurred?	Opened 03/19 Last Active 02/23				
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim					
	☐ Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	Yes	Other Specify Credit Card	1				

Debtoi Debtoi	1 Bret Howard Hiatt 2 Kristina Marie Hiatt		Case number (if known) 24-51002		
4.3	Santander Consumer Usa	Last 4 digits of account number	1000	\$778.00	
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 961211 Fort Worth, TX 76161	When was the debt incurred?	Opened 12/20 Last Active 04/24		
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts		
	Yes	Other. Specify Lease			
4.3	Syncb/ebay	Last 4 digits of account number	6431	\$1,287.00	
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060	When was the debt incurred?	2020		
	Orlando, FL 32896  Number Street City State Zip Code  Who incurred the debt? Check one.	te Zip Code As of the date you file, the claim is: Check all that apply			
	☐ Debtor 1 only	☐ Contingent			
	■ Debtor 2 only				
	☐ Debtor 1 and Debtor 2 only				
	☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts		
	Yes	Other. Specify Revolving	account		
4.3	Syncb/Venmo	Last 4 digits of account number	9001	\$1,147.00	
	Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 965064	When was the debt incurred?	2023		
	Orlando, FL 32896  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim			
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure			
	$\square$ Check if this claim is for a community debt	<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a separation</li></ul>			
	Is the claim subject to offset?	report as priority claims			
	No	Debts to pension or profit-sharing	• •		
	Yes	Other. Specify Revolving	account		

Debtor Debtor	1 Bret Howard Hiatt 2 Kristina Marie Hiatt		Case number (if known) 24-51002				
4.3	Synchrony Bank	Last 4 digits of account number	5434	\$4,731.00			
3	Nonpriority Creditor's Name P.O. Box 965064	When was the debt incurred?	2023	· , , , , , , , , , , , , , , , , , , ,			
	Orlando, FL 32896-5064  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	$\square$ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	Yes	■ Other. Specify Revolving	account				
4.3	Synchrony Bank/Amazon	Last 4 digits of account number	4853	\$2,814.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060	When was the debt incurred?	2023				
	Orlando, FL 32896  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	710 of the date you me, the olding	on one air that apply				
	☐ Debtor 1 only	or 1 only					
	■ Debtor 2 only						
	☐ Debtor 1 and Debtor 2 only						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt	☐ Obligations arising out of a sepa					
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharing					
	Yes	Other. Specify Revolving					
4.3	Synchrony Bank/Amazon  Nonpriority Creditor's Name	Last 4 digits of account number	3977	\$1,871.00			
	Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	2015				
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	ly Disputed					
	☐ At least one of the debtors and another	d claim:					
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharir					
	Yes	■ Other. Specify Revolving account					

	2 Kristina Marie Hiatt		Case number (if known)	24-51002	
4.2					
4.3 8	Synchrony Bank/Care Credit	Last 4 digits of account number	5498		\$7,067.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060	When was the debt incurred?	2018		
	Orlando, FL 32896  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	• ,	, , , , , , , , , , , , , , , , , , , ,		
	Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	· ·	,	
	No	Debts to pension or profit-sharing	ig plans, and other similar de	ebts	
	Yes	Other. Specify Revolving	account		
4.3	Synchrony Bank/Care Credit	Last 4 digits of account number	0507		\$2,074.00
9	Nonpriority Creditor's Name	. Lact 4 digite of account number			* ,*
	Attn: Bankruptcy Po Box 965060	When was the debt incurred?	2023		
	Orlando, FL 32896  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	_			
	Debtor 1 only	Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed	Later.		
	At least one of the debtors and another	Type of NONPRIORITY unsecure  ☐ Student loans	d claim:		
	☐ Check if this claim is for a community debt				
	Is the claim subject to offset?	<ul> <li>Obligations arising out of a separeport as priority claims</li> </ul>	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
	Yes	Other. Specify Revolving	account		
4.4	Synchrony Bank/TJX		2283		\$1,645.00
0	Nonpriority Creditor's Name	Last 4 digits of account number			\$1,045.00
	Attn: Bankruptcy Po Box 965060	When was the debt incurred?	2022		
	Orlando, FL 32896  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	•			
	☐ Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure			
	☐ Check if this claim is for a community	☐ Student loans			
	debt	Obligations arising out of a sepa			
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharir	ng plane, and other similar -1-	ohte	
	■ No	, ,	•	ะมเอ	
	☐ Yes	■ Other. Specify Revolving	account		

Debt	or 2 Kristina Marie Hiatt	Case number (if known) 24-51002	
1.4	Synchrony/PayPal Credit	Last 4 digits of account number 9290	\$4,647.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred? 2020	_
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Revolving account	_
4.4 2	Synchrony/PayPal Credit	Last 4 digits of account number 0664	\$1,029.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060	When was the debt incurred? 2020	_
	Orlando, FL 32896  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other Specify Revolving account	_
4.4	Target NB	Last 4 digits of account number 2196	\$366.00
3	Nonpriority Creditor's Name		
	C/O Financial & Retail Services Mailstop BT PO Box 9475 Minneapolis, MN 55440	When was the debt incurred? 2017	_
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Revolving account	

2 Kristina Marie Hiatt		Case number (if known)	24-51002	
Upgrade, Inc.	Last 4 digits of account number	3498		\$12,593.0
Nonpriority Creditor's Name Attn: Bankruptcy 275 Battery Street 23rd Floor San Francisco, CA 94111	When was the debt incurred?	2021		
Number Street City State Zip Code	As of the date you file, the claim is	s: Check all that apply		
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:		
☐ Check if this claim is for a community	☐ Student loans			
lebt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
Yes	Other. Specify Installment	Ioan		
Ingrede Inc				¢0 504
Upgrade, Inc. Nonpriority Creditor's Name	Last 4 digits of account number			\$9,501.
Attn: Bankruptcy 275 Battery Street 23rd Floor	When was the debt incurred?			
San Francisco, CA 94111  Number Street City State Zip Code	As of the date you file, the claim is	e: Check all that annly		
Who incurred the debt? Check one.	As of the date you me, the claim is	S. Oneck all that apply		
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
■ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:		
	☐ Student loans			
☐ Check if this claim is for a community debt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
■ No	☐ Debts to pension or profit-sharing	g plans, and other similar de	ebts	
□Yes	Other. Specify Revolving a	account		
Unatort		5605		\$11,021.
Upstart Nonpriority Creditor's Name	Last 4 digits of account number			φιι,U21.
Attn: Bankruptcy Po Box 1503	When was the debt incurred?	2022		
San Carlos, CA 94070  Number Street City State Zip Code	As of the date you file, the claim is	s: Check all that apply		
Who incurred the debt? Check one.	_			
Debtor 1 only	Contingent			
Debtor 2 only	Unliquidated			
Debtor 1 and Debtor 2 only	Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:		
Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
■ No	·			
LI Yes	Other Specify Installment	IUall		

Debtoi Debtoi	r 1 Bret Howard Hiatt r 2 Kristina Marie Hiatt		Case number (if known) 24-51002			
4.4 7	US Bank/RMS	Last 4 digits of account number	7173	\$8,329.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5229 Cincinnati, OH 45201	When was the debt incurred?	2020			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed	Total co			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts			
	Yes	Other. Specify Revolving				
4.4	US Department of Education -Navient Nonpriority Creditor's Name	Last 4 digits of account number	Multiple	\$2,952.00		
	Direct Loan Servicing Center PO Box 5609 Greenville, TX 75403-5609	When was the debt incurred?	Multiple			
	Number Street City State Zip Code As of the date you file, the claim		is: Check all that apply			
	Who incurred the debt? Check one.	☐ Contingent				
	☐ Debtor 1 only					
	■ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	d claim:				
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	☐ Yes	Other. Specify				
		Loans				
4.4 9	Venmo Nonpriority Creditor's Name	Last 4 digits of account number	XXXX	\$1,012.00		
	95 Morton Street New York, NY 10014	When was the debt incurred?	2024			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	☐ Disputed				
	$\square$ At least one of the debtors and another					
	Check if this claim is for a community	<u> </u>				
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts			
	• • •					
	Yes	Other. Specify Revolving	account			

Debtor 1	Bret Howard Hiatt		
Debtor 2	Kristina Marie Hiatt	Case number (if known)	24-51002

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Ally Financial, Inc Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.o. Box 380901 Part 2: Creditors with Nonpriority Unsecured Claims **Bloomington, MN 55438** Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Capital One Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 31293 ■ Part 2: Creditors with Nonpriority Unsecured Claims Salt Lake City, UT 84131 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Comenity Bank** Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims c/oMidland Credit Funding ■ Part 2: Creditors with Nonpriority Unsecured Claims 2365 Northside Drive Suite 300 San Diego, CA 92108 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Credit One Bank** Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims c/o LVNV Funding Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 10497 Greenville, SC 29603-0497 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address First National Bank Of Omaha Line 4.22 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims c/o LVNV Funding Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 10497 Greenville, SC 29603-0497 Last 4 digits of account number **XXXX** On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Internal Revenue Service Line 2.1 of (Check one): ■ Part 1: Creditors with Priority Unsecured Claims **Insolvency Group 6** ☐ Part 2: Creditors with Nonpriority Unsecured Claims 1240 East Ninth Street, Room 493 Cleveland, OH 44199 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Internal Revenue Service** Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims c/o United States Attorney General ☐ Part 2: Creditors with Nonpriority Unsecured Claims **US Dept of Justice Tax Division** PO Box 55, Ben Franklin Station Washington, DC 20044 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Internal Revenue Service** Line 2.1 of (Check one): ■ Part 1: Creditors with Priority Unsecured Claims c/o United States Attorney ☐ Part 2: Creditors with Nonpriority Unsecured Claims Carl B Stokes US Court House 801 West Superior Ave. Suite 400 Cleveland, OH 44113-1852 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Ohio Department of Taxation\*\* Line 2.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims c/o Attorney General of Ohio ☐ Part 2: Creditors with Nonpriority Unsecured Claims Collection Enforcement / Bankruptcy 150 E. Gay Street, 21st Floor Columbus, OH 43215

	ret Howard Kristina Mari			Case nur	mber (if known)	24-51002	
		<b>3</b>	On which entry in Part 1 or Part 2 did y Line 4.30 of (Check one):	☐ Part 1: C	reditors with Priori	ity Unsecured Claims priority Unsecured Clain	ns
Name and Address PNC Financial Pnc Cb Investigations Cleveland, OH 44101		Last 4 digits of account number  On which entry in Part 1 or Part 2 did y Line 4.31 of (Check one):  Last 4 digits of account number	☐ Part 1: C	reditors with Priori	ity Unsecured Claims priority Unsecured Clain	ns	
Po Box 96	Consumer	Usa	On which entry in Part 1 or Part 2 did y Line 4.32 of (Check one):  Last 4 digits of account number	☐ Part 1: C	reditors with Priori	ity Unsecured Claims riority Unsecured Clair	ns
Name and Ad Synchrony c/o Portfo Attn: Bank 120 Corpo Norfold, V	y Bank lio Recovery kruptcy orate Blvd	<b>y</b>	On which entry in Part 1 or Part 2 did y Line 4.35 of (Check one):  Last 4 digits of account number	☐ Part 1: C	reditors with Priori	ity Unsecured Claims priority Unsecured Clain	ns
/Navient Attorney ( Main Justi 10th & Co	ment of Edu General of thice Building	ne United Stat venue, N.W.	On which entry in Part 1 or Part 2 did y Line 4.48 of ( <i>Check one</i> ):  Last 4 digits of account number	☐ Part 1: C	reditors with Priori	ity Unsecured Claims priority Unsecured Clain	ns
Name and Address US Department of Education /Navient Office of the United States Attorne Carl B. Stokes United States Court 801 West Superior Avenue, Suite 400			t 1 or Part 2 did you list the original creditor?				
Cleveland	, OH 44113-	1852	Last 4 digits of account number				
6. Total the a		nts for Each Type of l	Unsecured Claim laims. This information is for statistica	al reporting p		-	amounts for each
Total claims from Part 1	6b. Tar 6c. Cla 6d. Ott	ims for death or persona	ots you owe the government al injury while you were intoxicated nsecured claims. Write that amount here	6a. 6b. 6c. e. 6d. 6e.	* * * * * * * * * * * * * * * * * * *	30,296.00 0.00 0.00 30,296.00	
		ident loans	-	6f.		Claim 2.952.00	

Total claims from Part 2

6g. 6h.

Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts

0.00

Debtor 1 Debtor 2	 Bret Howard Hiatt Kristina Marie Hiatt			ımber (if known)	24-51002	
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	0.00 178,476.70	
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	181,428.70	

Fill in this inform	nation to identify your				
Debtor 1	Bret Howard Hiat	t			
	First Name	Middle Name	Last Name		
Debtor 2	Kristina Marie Hia				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF OHIO		
Case number	24-51002			Chack if this is an	
(ii kilowii)				☐ Check if this is an amended filing	

### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the c er, Street, City, State and ZIP Co	ontract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.3			<u> </u>		
	Name				_
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	<del>_</del>
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	

Fill in this	information to identify your	case:			
Debtor 1	Bret Howard Hiat	t			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filir	Kristina Marie Hi	Middle Name	Last Name		
	3,				
United Sta	tes Bankruptcy Court for the:	NORTHERN DISTRIC	I OF OHIO		
Case numb	per <b>24-51002</b>				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106H				
	ule H: Your Cod	obtors			12/15
Scried	ule II. Toul Cou	CDIOI 3			12/15
people are fill it out, a	filing together, both are equ	ally responsible for sup boxes on the left. Attac	plying correct informati h the Additional Page to	on. If more space is i	ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
1. Do <u>y</u>	you have any codebtors? (If	you are filing a joint case	do not list either spouse	as a codebtor.	
■ No					
☐ Yes					
				- 10	
	<b>าin the last 8 years, have yoเ</b> a, California, Idaho, Louisiana				ty states and territories include
	-,,,,		,	.9,	
	Go to line 3.				
⊔ Yes	. Did your spouse, former spor	use, or legal equivalent liv	e with you at the time?		
in line Form	2 again as a codebtor only i	f that person is a guara	ntor or cosigner. Make s	ure you have listed t	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	P Code		Column 2: The cre Check all schedul	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lir	0.0
	Name			Schedule E/F,	
				☐ Schedule G, lir	
-	Number Street			_	
	City	State	ZIP Code		
2.0				Oak and D	
3.2	Name			_ ☐ Schedule D, lir☐ Schedule E/F,	
				☐ Schedule E/F,	
-	Number Street			-	
	City	State	ZIP Code		

Fill	in this information t	o identify your ca	se:								
Deb	otor 1	Bret Howard	Hiatt				_				
	otor 2 buse, if filing)	Kristina Mar	e Hiatt				_				
Uni	ted States Bankrup	tcy Court for the:	NORTHERN DISTRIC	T OF OHI	0						
	se number 24-	-51002							d filing ent showin	ng postpetition chap ollowing date:	oter
O.	fficial Form	<u> 1061</u>						MM / DD/ Y	YYY		
S	chedule I:	Your Inco	ome								12/15
spo	use. If you are sep ch a separate she	parated and you	are married and not filir r spouse is not filing wi On the top of any addition	th you, do	not includ	e infori	matic	on about your spo	use. If mo	ore space is need	ed,
1.	Fill in your empl information.	oyment		Debtor	1			Debtor 2	or non-fi	iling spouse	
	If you have more than one job, attach a separate page with information about additional		Employment status	■ Empl	oyed			☐ Employed			
				☐ Not e	employed			■ Not e	mployed		
	employers.		Occupation	Engine	er			Unemp	loyed		
	Include part-time, self-employed wo		Employer's name	yer's name Ashton Solutions			ns				
	Occupation may in or homemaker, if		Employer's address	#130	Commerce			nd			
			How long employed th	nere?	4 Years						
Par	t 2: Give De	tails About Mon	thly Income								
	mate monthly incouse unless you are		ite you file this form. If y	ou have n	othing to rep	oort for	any l	ine, write \$0 in the	space. Inc	clude your non-filing	g
	u or your non-filing e space, attach a s		re than one employer, co	mbine the	information	for all e	emplo	oyers for that perso	n on the li	nes below. If you n	eed
								For Debtor 1		btor 2 or ing spouse	
2.			y, and commissions (be alculate what the monthly			2.	\$	10,833.33	\$	0.00	
3.	Estimate and lis	t monthly overti	me pay.			3.	+\$	0.00	+\$	0.00	

4. Calculate gross Income. Add line 2 + line 3.

10,833.33

\$

0.00

Case number (if known)

24-51002

			Fo	r Debtor 1	For Debtor		
	Copy line 4 here	4.	\$	10,833.33	\$	0.00	
5.	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	\$	2,305.33	\$	0.00	
	5b. Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
	5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e. Insurance	5e.	\$	0.00	\$	0.00	
	5f. Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g. Union dues	5g.	\$	0.00	\$	0.00	
	5h. Other deductions. Specify:	_ 5h.+	\$_	0.00	+ \$	0.00	
6.	<b>Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	2,305.33	\$	0.00	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	8,528.00	\$	0.00	
8.	List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	540.00	
	8b. Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00	\$	0.00	
	8d. Unemployment compensation 8e. Social Security	8d. 8e.	\$_ \$	0.00	\$	0.00	
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income	_ 8f. 8g.	\$_ \$_	0.00	\$ 	0.00	
	8h. Other monthly income. Specify:	_ 8h.+	\$_	0.00	+ \$	0.00	
9.	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	540.00	
10.	Calculate monthly income. Add line 7 + line 9.	10. \$		8,528.00 + \$	540.00	= \$	9,068.00
	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	'		-	0.0.00	11' —	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11.	State all other regular contributions to the expenses that you list in Schedule Include contributions from an unmarried partner, members of your household, your other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not a Specify:	depen			ed in <i>Schedul</i>	le J. +\$	0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The result Write that amount on the Summary of Schedules and Statistical Summary of Certain applies					\$	9,068.00
						Combine monthly	
13.	Do you expect an increase or decrease within the year after you file this form?  No.	?					
	☐ Yes. Explain:						

Fill	in this information to identify y	our case:				
Deb	otor 1 Bret Howard	d Hiatt		Check	if this is:	
	otor 2 Kristina Mai	rie Hiatt			an amended filing a supplement show 3 expenses as of t	ring postpetition chapter the following date:
Unit	ed States Bankruptcy Court for the	e: NORTHERN DISTRICT OF OHIC	)	N	MM / DD / YYYY	
	24-51002 nown)					
	fficial Form 106J	Evnenses				12/1
Be info	as complete and accurate as	s possible. If two married people a eeded, attach another sheet to this				r supplying correct
Par 1.	t 1: Describe Your House Is this a joint case?	ehold				
	□ No. Go to line 2.					
	Yes. Does Debtor 2 live	in a separate household?				
	■ No □ Yes. Debtor 2 mu	ist file Official Form 106J-2, <i>Expense</i> s	s for Separate House	ehold of Debto	or 2.	
2.	Do you have dependents?	■ No				
	Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state the dependents names.					☐ No ☐ Yes
3.	Do your expenses include expenses of people other yourself and your depende	than				□ res
Est exp app	imate your expenses as of y penses as of a date after the plicable date.	ing Monthly Expenses  your bankruptcy filing date unless y bankruptcy is filed. If this is a supp  non-cash government assistance	olemental <i>Schedule</i>			
the		nd have included it on Schedule I:			Your expe	enses
4.	The rental or home owners payments and any rent for the	ship expenses for your residence. In a ground or lot.	Include first mortgag	e 4. \$		0.00
	If not included in line 4:					
		's, or renter's insurance epair, and upkeep expenses		4a. \$ 4b. \$ 4c. \$		0.00 0.00 295.00
5.	4d. Homeowner's associa	ation or condominium dues nents for your residence, such as ho	ome equity loans	4d. \$ 5. \$		0.00

	tor 1 tor 2	Bret Howard Hiatt Kristina Marie Hiatt Ca	ase num	nber (if known)	24-51002
6.	Utilit	ies:			
	6a.	Electricity, heat, natural gas	6a.	\$	395.00
	6b.	Water, sewer, garbage collection	6b.	\$	132.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	450.00
	6d.	Other. Specify:	_ 6d.	\$	0.00
7.	Food	d and housekeeping supplies	7.	\$	995.00
8.	Child	dcare and children's education costs	8.	\$	0.00
9.	Cloth	hing, laundry, and dry cleaning	9.	\$	225.00
		onal care products and services	10.	\$	395.00
11.	Medi	ical and dental expenses	11.	\$	166.00
12.		<b>sportation.</b> Include gas, maintenance, bus or train fare. ot include car payments.	12.	\$	650.00
13.	Ente	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
14.	Char	itable contributions and religious donations	14.	\$	100.00
15.	Do no	rance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance	15a.	\$	0.00
	15b.	Health insurance	15b.	\$	0.00
	15c.	Vehicle insurance	15c.	\$	525.00
	15d.	Other insurance. Specify:	15d.	\$	0.00
16.	Taxe Spec	s. Do not include taxes deducted from your pay or included in lines 4 or 20. cify:	_ 16.	\$	0.00
17.		Illment or lease payments: Car payments for Vehicle 1	17a.	\$	650.00
	17b.	Car payments for Vehicle 2	17b.	\$	0.00
	17c.	Other. Specify:	17c.	\$	0.00
	17d.	Other. Specify:	_ 17d.	\$	0.00
	dedu	payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	_ 18.	\$	0.00
19.	Othe Spec	er payments you make to support others who do not live with you.	19.	\$	0.00
20.	Othe	er real property expenses not included in lines 4 or 5 of this form or on Schedu	ile I: Yo	our Income.	
	20a.	Mortgages on other property	20a.	\$	0.00
	20b.	Real estate taxes	20b.	\$	0.00
	20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e.	Homeowner's association or condominium dues	20e.	\$	0.00
21.	Othe	er: Specify: Cigarettes	21.	+\$	195.00
	Pet	care, vet, food ect	_	+\$	195.00
22.	22a.	ulate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$ 	5,468.00
		Add line 22a and 22b. The result is your monthly expenses.		\$	5,468.00
23.	Calc	ulate your monthly net income.			
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	9,068.00
		Copy your monthly expenses from line 22c above.	23b.	-\$	5,468.00
	23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	3,600.00
24.	For exmodifi				ase or decrease because of a
	$\square \vee$	Evolain here:			

					_
Fill in this inf	formation to identify your	case:			
Debtor 1	Bret Howard Hiat	<del>t</del>			
Debtor 1	First Name	Middle Name	Las	i Name	
Debtor 2	Kristina Marie Hi	att			
(Spouse if, filing)	First Name	Middle Name	Las	Name	
United States	Bankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO		
Case number	24-51002				
(if known)	27 01002				☐ Check if this is an amended filing
Declar	ation About a	n Individual	Debte	or's Schedules	12/15
If two married	I people are filing togethe	r, both are equally respor	nsible for s	upplying correct information.	
obtaining mo		n connection with a bank			tement, concealing property, or 1000, or imprisonment for up to 20
S	Sign Below				
Did you	pay or agree to pay some	one who is NOT an attori	ney to help	you fill out bankruptcy forms?	
■ No					
☐ Yes	s. Name of person				nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
that they	enalty of perjury, I declare are true and correct. Bret Howard Hiatt	that I have read the sumr	·	chedules filed with this declarat	,
	Howard Hiatt		^	Kristina Marie Hiatt	
	ature of Debtor 1			Signature of Debtor 2	

Date **August 6, 2024** 

Date **August 6, 2024** 

Eill in Ab	:- information to identify				
	is information to identify you				
Debtor 1	Bret Howard Hia	Middle Name	Last Name		
Debtor 2			Zaot Hamo		
(Spouse if,		Middle Name	Last Name		
United S	tates Bankruptcy Court for the:	NORTHERN DISTRICT C	OF OHIO		
Case nu	mber <b>24-51002</b>				
(if known)				-	Check if this is an amended filing
					3
	al Form 107	A.C			
State	ment of Financial	Affairs for Individ	duals Filing for B	ankruptcy	04/22
informati number (	mplete and accurate as possion. If more space is needed, if known). Answer every que	attach a separate sheet to stion.	this form. On the top of an		
Part 1:	at is your current marital statu		Lived Belore		
_	•				
	Married Not married				
ш	Not mamed				
2. Duri	ng the last 3 years, have you	lived anywhere other than	where you live now?		
	No				
	Yes. List all of the places you I	ived in the last 3 years. Do no	ot include where you live now	ı.	
Del	otor 1:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	dress:	Dates Debtor 2
	nin the last 8 years, did you ev d territories include Arizona, Ca				
otatoo am	a termenee merado raizenta, ea	illiorna, idano, Eduldiana, ito	vada, rrow moxico, r dono re	ioo, roxao, rraomington and r	riodorioi,
	No				
Ц	Yes. Make sure you fill out Sch	hedule H: Your Codebtors (Of	fficial Form 106H).		
Part 2	Explain the Sources of You	r Income			
Fill in	you have any income from er n the total amount of income yo u are filing a joint case and you	u received from all jobs and a	all businesses, including part	time activities.	ndar years?
П	No				
	Yes. Fill in the details.				
_	res. Fill III the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	nuary 1 of current year until you filed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$7,042,143.00	■ Wages, commissions, bonuses, tips	\$6,475.63
		☐ Operating a business		Operating a business	

Debtor 2	Kristina Marie Hiatt		Case	e number ( <i>if known</i> ) <b>24-51002</b>	2
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	\$3,893.00
		☐ Operating a business		Operating a business	
	calendar year: / 1 to December 31, 2023 )	■ Wages, commissions, bonuses, tips	\$119,160.00	■ Wages, commissions, bonuses, tips	\$40,804.00
		☐ Operating a business		☐ Operating a business	
	calendar year before that: y 1 to December 31, 2022)	■ Wages, commissions, bonuses, tips	\$104,581.00	■ Wages, commissions, bonuses, tips	\$37,129.00
		☐ Operating a business		☐ Operating a business	
List e	each source and the gross in				
_	No Yes. Fill in the details.	come from each source separa	tely. Do not include income th	nat you listed in line 4.	
_	No		tely. Do not include income th	•	
_	No	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
_	No Yes. Fill in the details.	Debtor 1 Sources of income	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income	(before deductions
□ Part 3:	No Yes. Fill in the details.  List Certain Payments You either Debtor 1's or Debtor No. Neither Debtor 1 not individual primarily for During the 90 days be	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)  Bankruptcy  debts?  Immer debts. Consumer debts d purpose."	Debtor 2 Sources of income Describe below.	(before deductions and exclusions)
□ Part 3:	No Yes. Fill in the details.  List Certain Payments Your the pebtor 1's or Debtor 1's	Debtor 1 Sources of income Describe below.  Du Made Before You Filed for 2's debts primarily consumer Debtor 2 has primarily consumer a personal, family, or householefore you filed for bankruptcy, di	Gross income from each source (before deductions and exclusions)  Bankruptcy  debts?  Imper debts. Consumer debts d purpose."  d you pay any creditor a total d a total of \$7,575* or more ints for domestic support obliginis bankruptcy case.	Debtor 2 Sources of income Describe below.  s are defined in 11 U.S.C. § 10 of \$7,575* or more?  n one or more payments and ations, such as child support a	(before deductions and exclusions)  (b) (8) as "incurred by another total amount you and alimony. Also, do

Creditor's Name and Address

Dates of payment

Total amount
paid

Amount you
still owe

Was this payment for ...

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No.

Go to line 7.

attorney for this bankruptcy case.

	otor 1 otor 2	Bret Howard Hiatt Kristina Marie Hiatt		Cas	se number (if known)	24-51002	
7.	Inside of wh	n 1 year before you filed for bankruptoers include your relatives; any general particle you are an officer, director, person in iness you operate as a sole proprietor. 11 ny.	rtners; relatives of any gen control, or owner of 20% o	eral partners; partners of their voting	erships of which yo g securities; and ar	u are a general ny managing ag	partner; corporations ent, including one fo
		No					
	_	Yes. List all payments to an insider.					
	Insid	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the	his payment
8.	insid	in 1 year before you filed for bankruptoer? de payments on debts guaranteed or cosi		ments or transfer a	any property on a	ccount of a del	ot that benefited an
		No					
		Yes. List all payments to an insider					
	Insic	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the Include credit	
Pai	rt 4:	Identify Legal Actions, Repossession	s. and Foreclosures				
	modif	number		Court or agency		Status of the	·
JP		Morgan Bank -vs- Hiatt, Kristina VF00523	Complaint for money	Clerk of Courts Medina Municipal Court 135 North Elmwood Avenue Medina, OH 44256		☐ Pending ☐ On appea ☐ Conclude	
		Bank -vs- Hiatt, Kristina VF02727	Complaint for money	Clerk of Courts Medina Munici 135 North Elm Medina, OH 44	pal Court wood Avenue	☐ Pending ☐ On appeal ☐ Concluded	
		land Credit -vs- Hiatt, Kristina VF01050	Complaint for money	Clerk of Courts Medina Municipal Court 135 North Elmwood Avenue Medina, OH 44256		☐ Pending ☐ On appea ☐ Conclude	
10.	Chec	in 1 year before you filed for bankrupto k all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	hed, attached,	seized, or levied?
	Cred	litor Name and Address	Describe the Property  Explain what happened	I	Date		Value of the property
11.	acco	in 90 days before you filed for bankrup unts or refuse to make a payment beca No Yes. Fill in the details.	tcy, did any creditor, inc		nancial institution	, set off any an	nounts from your
		litor Name and Address	Describe the action the	creditor took	Date taken	action was	Amount

	btor 1 Bret Howard Hiatt Kristina Marie Hiatt		Case number	(if known)	24-51002	
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a		as any of your property in the possession of an er official?	assigne	e for the bend	efit of creditors, a
	□ Yes					
Pa	tt 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrur	ntcv. d	did you give any gifts with a total value of more t	han \$60	ner person	?
10.	■ No	,,,,,	and you give any give min a total value of more t	iiaii φου	por porcon	•
	☐ Yes. Fill in the details for each gift.					
	Gifts with a total value of more than \$600 per person		Describe the gifts	Dates the gi	you gave fts	Value
	Person to Whom You Gave the Gift and Address:					
14.	■ No		did you give any gifts or contributions with a tota	al value (	of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or cor	tribut	ion.			
	Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	al	Describe what you contributed	Dates	you buted	Value
	<u> </u>					
Pai	rt 6: List Certain Losses					
15.	Within 1 year before you filed for bankrupt or gambling?	cy or	since you filed for bankruptcy, did you lose any	thing be	cause of the	ft, fire, other disaster
	■ No					
	Yes. Fill in the details.					
	Describe the property you lost and	escri	be any insurance coverage for the loss	Date of	of your	Value of property
			the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	loss		lost
Pai	t 7: List Certain Payments or Transfers					
16.	consulted about seeking bankruptcy or pro	epariı	id you or anyone else acting on your behalf pay on ga bankruptcy petition? s, or credit counseling agencies for services require			erty to anyone you
	□ No					
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	u	Description and value of any property transferred		payment nsfer was	Amount of payment
	Knevel Law Co LPA 5250 Transportation Blvd #201 Garfield Heights, OH 44125 knevel.com None		Payment for representation in Bankruptcy	05/13	/2024	\$800.00

17.	Within 1 year before you filed for bankruptcy promised to help you deal with your credito Do not include any payment or transfer that you	rs or to make payments			or transfer any prope	rty to anyone who		
	■ No □ Yes. Fill in the details.							
	Person Who Was Paid Address	Description and variansferred	alue of any pro	perty	Date payment or transfer was made	Amount of payment		
18.	Within 2 years before you filed for bankrupte transferred in the ordinary course of your but include both outright transfers and transfers mainclude gifts and transfers that you have alread   No  Yes. Fill in the details.	usiness or financial affa ade as security (such as t	airs? the granting of a					
	Person Who Received Transfer Address	Description and v		payment	e any property or is received or debts exchange	Date transfer was made		
	Person's relationship to you							
	Hiatt, Caitlin 55 Barrett Road Berea, OH	2010 Chevy Imp Son's vehicle ti debtor, husban Son got anothe	tle in name of d	rred 3/2024	24 1,000.00			
	Daughter	debtor transferred to daughter when her vehicle broke down.						
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.		ny property to a	self-settled t	rust or similar device	of which you are a		
	Name of trust	Description and v	alue of the prop	perty transfe	rred	Date Transfer was made		
Par	8: List of Certain Financial Accounts, Ins	struments, Safe Deposi	t Boxes, and Sto	orage Units				
20.	Within 1 year before you filed for bankruptc sold, moved, or transferred?	•						
	Include checking, savings, money market, o houses, pension funds, cooperatives, assoc  No				snares in banks, credit	unions, brokerage		
	Yes. Fill in the details.							
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	t number instrument o		eate account was losed, sold, noved, or cansferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 y cash, or other valuables?	year before you filed for	r bankruptcy, an	y safe depos	sit box or other depos	itory for securities,		
	■ No							
	Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe the	e contents	Do you still have it?		

	btor 1 Bret Howard Hiatt btor 2 Kristina Marie Hiatt			Case number (if known)	24-51002	
22.	Have you stored property in a storage	unit or pl	ace other than your home within 1	year before you filed f	or bankruptcy?	
	■ No					
	☐ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP C	Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	i	Do you still have it?
Par	rt 9: Identify Property You Hold or Co	ontrol for	Someone Else			
23.	Do you hold or control any property the for someone.	hat someo	ne else owns? Include any proper	ty you borrowed from,	are storing for,	or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP C	Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	,	Value
Par	rt 10: Give Details About Environmen	tal Informa	ation			
For	the purpose of Part 10, the following d	lefinitions	apply:			
	Environmental law means any federal toxic substances, wastes, or material regulations controlling the cleanup of	into the ai	ir, land, soil, surface water, ground	-		
	Site means any location, facility, or pr to own, operate, or utilize it, including	operty as	defined under any environmental	law, whether you now	own, operate, o	r utilize it or used
	Hazardous material means anything a hazardous material, pollutant, contam			s waste, hazardous sub	stance, toxic su	ubstance,
Rep	port all notices, releases, and proceedir	ngs that yo	ou know about, regardless of wher	n they occurred.		
24.	Has any governmental unit notified yo	ou that you	u may be liable or potentially liable	under or in violation o	f an environme	ntal law?
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP C	Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law know it	i, if you	Date of notice
25.	Have you notified any governmental u	unit of any	release of hazardous material?			
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP C	Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law know it	, if you	Date of notice
26.	Have you been a party in any judicial	or adminis	•	ronmental law? Include	e settlements ar	nd orders.
	■ No □ Yes. Fill in the details.					
	Case Title Case Number		Court or agency Name	Nature of the case		Status of the case

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

Address (Number, Street, City, State and ZIP Code)

☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)

	otor 2				Case	e number (if known)	24-51002	
		☐ A partner in a partnership						
		☐ An officer, director, or managing ex	ecutive of a corp	oration				
		☐ An owner of at least 5% of the voting	g or equity secu	rities of a corporation				
		No. None of the above applies. Go to F	Part 12.					
		Yes. Check all that apply above and fill	in the details be	elow for each business	s.			
		siness Name	Describe the na	ature of the business		Employer Identif		
		dress mber, Street, City, State and ZIP Code)	Name of accou	ntant or bookkeeper		Do not include S	Social Security number or ITIN.	
						Dates business	existed	
28.		hin 2 years before you filed for bankrupt itutions, creditors, or other parties.	cy, did you give	a financial statement t	to any	one about your b	ousiness? Include all financial	
		No						
		Yes. Fill in the details below.						
	Ad	me  dress mber, Street, City, State and ZIP Code)	Date Issued					
Par	t 12:	Sign Below						
are with 18 U	true a ba J.S.C Bre	ead the answers on this <i>Statement of Fin</i> and correct. I understand that making a ankruptcy case can result in fines up to 5. §§ 152, 1341, 1519, and 3571.	false statement, \$250,000, or imp /s/ Kri	concealing property, risonment for up to 20 stina Marie Hiatt	or obt	taining money or		n
		oward Hiatt ire of Debtor 1		na Marie Hiatt ure of Debtor 2				
Dat		August 6, 2024	Date	August 6, 2024				
Did ■ N	10	attach additional pages to Your Stateme	ent of Financial A	Affairs for Individuals I	Filing	for Bankruptcy ((	Official Form 107)?	
	lo	pay or agree to pay someone who is not	•				al Form 119).	

Fill in this inforr	nation to identify your case:
Debtor 1	Bret Howard Hiatt
Debtor 2 (Spouse, if filing)	Kristina Marie Hiatt
United States E	Bankruptcy Court for the: Northern District of Ohio
Case number (if known)	24-51002

Check	as directed in lines 17 and 21:						
According to the calculations required by this Statement:							
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						

☐ Check if this is an amended filing

### Official Form 122C-1

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 10,105.36 1,079.00 payroll deductions). 3. Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a Debtor 1 Debtor 2 business, profession, or farm Gross receipts (before all 0.00 648.00 deductions) Ordinary and necessary 0.00 -\$ 289.00 operating expenses Net monthly income from a Copy 359.00 here -> \$ 0.00 \$ 359.00 0.00 business, profession, or farm 6. Net income from rental and other real property Debtor 1 \$ 0.00 Gross receipts (before all deductions) 0.00 -\$ Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from rental or other real property

					Column A Debtor 1		Column B Debtor 2 c non-filing		
7.	Interest, dividen	ds, and royalties			\$	0.00	\$	0.00	
8.	Unemployment	compensation			\$	0.00	\$	0.00	
	the Social Securi	amount if you contend that the am ty Act. Instead, list it here:							
				0.00					
		se		0.00					
9.	benefit under the not include any c United States Go disability, or deat pay paid under cl does not exceed	sment income. Do not include an Social Security Act. Also, except ampensation, pension, pay, annuivernment in connection with a distribution of a member of the uniformed senapter 61 of title 10, then include the amount of retired pay to which by provision of title 10 other than consideration.	as stated in the next sent ty, or allowance paid by t ability, combat-related inj ervices. If you received ar hat pay only to the extent in you would otherwise be	ence, do he ury or ny retired t that it	\$	0.00	\$	0.00	
10.	Do not include ar received as a vict domestic terrorisi United States Go disability, or deat	other sources not listed above.  by benefits received under the Social of a war crime, a crime agains on; or compensation, pension, pay vernment in connection with a distribution of a member of the uniformed searate page and put the total below	cial Security Act; payment t humanity, or internation, , annuity, or allowance pa ability, combat-related inj ervices. If necessary, list	ts al or aid by the ury or					
					\$	0.00	\$	0.00	
					\$	0.00	\$	0.00	
	Total am	nounts from separate pages, if any	<i>/</i> .	+	\$	0.00	\$	0.00	
11.		otal average monthly income. A en add the total for Column A to the		\$1	0,105.36	+ \$_	1,438.00		11,543.36 stal average
Part	Determine	e How to Measure Your Deducti	ons from Income					m	onthly income
12. 13.	. Copy your total . Calculate the ma	average monthly income from li arital adjustment. Check one:	ine 11					\$	11,543.36
	☐ You are not	married. Fill in 0 below.							
	You are man	ried and your spouse is filing with	you. Fill in 0 below.						
	Fill in the an dependents Below, spec adjustments	rried and your spouse is not filing in nount of the income listed in line 1, such as payment of the spouse's ify the basis for excluding this income a separate page.	Column B, that was No tax liability or the spouse ome and the amount of in	e's suppor	t of someon	e other th	nan you or you	ır depend	lents.
		11 2/ 2 32 32 32 32 32 32 32 32 32 32 32 32 3		_ \$					
				_ \$		_			
				_ +\$					
	Total			\$	0.0	0 Co	opy here=>		0.00
14.	. Your current m	onthly income. Subtract line 13	from line 12.					\$	11,543.36
15.	•	current monthly income for the	•					\$	11,543.36

Debtor 1 Debtor 2	Bret Howard Hiatt Kristina Marie Hiatt	Case number (if known) 24-51	1002
	Multiply line 15a by 12 (the number of months in a	a year).	<b>x</b> 12
1	5b. The result is your current monthly income for the	year for this part of the form.	\$ <u>138,520.32</u>
16. <b>C</b> a	alculate the median family income that applies to yo	ou. Follow these steps:	
16	Sa. Fill in the state in which you live.	ОН	
16	Sb. Fill in the number of people in your household.	2	
16	Co. Fill in the median family income for your state and si To find a list of applicable median income amounts, instructions for this form. This list may also be availa	go online using the link specified in the separate	\$77,816.00
17. <b>H</b> o	ow do the lines compare?		
17		n the top of page 1 of this form, check box 1, <i>Disposable inc</i> OT fill out <i>Calculation of Your Disposable Income</i> (Official F	
17	·	of page 1 of this form, check box 2, <i>Disposable income is de</i> lation of Your Disposable Income (Official Form 122C-2) bove.	
Part 3:	Calculate Your Commitment Period Under 11 U	J.S.C. § 1325(b)(4)	
18. <b>C</b> c	opy your total average monthly income from line 11	I.	\$11,543.36
CO	educt the marital adjustment if it applies. If you are routend that calculating the commitment period under 11 youse's income, copy the amount from line 13.		
	Da. If the marital adjustment does not apply, fill in 0 on li	ine 19a.	-\$0.00
19	9b. Subtract line 19a from line 18.		\$11,543.36
20. <b>C</b> a	alculate your current monthly income for the year.	Follow these steps:	
20	a. Copy line 19b		\$11,543.36
	Multiply by 12 (the number of months in a year).		<b>x</b> 12
20	0b. The result is your current monthly income for the year	ar for this part of the form	\$ <u>138,520.32</u>
20	Oc. Copy the median family income for your state and s	ize of household from line 16c	\$ 77,816.00
21	. How do the lines compare?		
	Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	e ordered by the court, on the top of page 1 of this form, ch	eck box 3, The commitment
	■ Line 20b is more than or equal to line 20c. Unle commitment period is 5 years. Go to Part 4.	ess otherwise ordered by the court, on the top of page 1 of	this form, check box 4, The
Part 4:	Sign Below		
Ву	$\frac{-}{}$ signing here, under penalty of perjury I declare that th	ne information on this statement and in any attachments is to	rue and correct.
	s/ Bret Howard Hiatt	X /s/ Kristina Marie Hiatt	
	Bret Howard Hiatt Signature of Debtor 1	Kristina Marie Hiatt Signature of Debtor 2	

Date <u>August 6, 2024</u> MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

Date August 6, 2024 MM / DD / YYYY Debtor 1 Debtor 2 Bret Howard Hiatt

Kristina Marie Hiatt

Case number (if known)

24-51002

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this infe	ormation to identify your case:	
Debtor 1	Bret Howard Hiatt	
Debtor 2	Kristina Marie Hiatt	
(Spouse, if filir	ng)	
United States	Bankruptcy Court for the: Northern District of Ohio	
Case number (if known)	24-51002	☐ Check if this is an amended filing

### Chapter 13 Calculation of Your Disposable Income

04/22

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible, if two married people are filing together, both are equally responsible for being accurate, if more space is needed, attach a separate sheet to this form, include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

**National Standards** 

You must use the IRS National Standards to answer the questions in lines 6-7.

Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

1.411.00

Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1 Debtor 2

People who								
	are under 65 years of age							
7a. Out	t-of-pocket health care allowance per person	\$	83					
7b. Nur	mber of people who are under 65	X	2					
7c. <b>Sul</b>	btotal. Multiply line 7a by line 7b.	\$1	166.00	Copy here=>	\$_	166.00		
People who a	are 65 years of age or older							
7d. Out	t-of-pocket health care allowance per person	\$	158					
7e. Nur	mber of people who are 65 or older	X	0					
7f. Sub	btotal. Multiply line 7d by line 7e.	\$	0.00	Copy here=>	\$_	0.00		
7g. <b>Tot</b>	tal. Add line 7c and line 7f		\$	166.00	C	opy total here=>	\$	166.00
ocal Standa	ards You must use the IRS Local Standards to	o answer the	e auestions in l	lines 8-15				
Based on inf	formation from the IRS, the U.S. Trustee Prog purposes into two parts:		•		for h	ousing for		
_	and utilities - Insurance and operating expen	ses						
_	and utilities - Mortgage or rent expenses							
	g and utilities - Insurance and operating expe	enses: Usino	a the number of		arod in	lino E fill		
. Housing	ollar amount listed for your county for insurance and utilities - Mortgage or rent expenses:			or people you ente	ereu ii	\$		655.0
9a. Usi	•	and operatir	ng expenses.	or people you ente	\$ _	1,162.00		655.0
9a. Usi liste	g and utilities - Mortgage or rent expenses: ing the number of people you entered in line 5, f	and operatinal in the dollars.	ng expenses. ar amount			\$		655.0
9a. Usi liste 9b. Tot To	g and utilities - Mortgage or rent expenses: ing the number of people you entered in line 5, f ed for your county for mortgage or rent expense	and operatir ill in the dollass. and other del dd all amoun	ng expenses.  ar amount  bts secured by  nts that are			\$		655.0
9a. Usi liste 9b. Tot To con for	g and utilities - Mortgage or rent expenses: ing the number of people you entered in line 5, f ed for your county for mortgage or rent expense tal average monthly payment for all mortgages a calculate the total average monthly payment, ac attractually due to each secured creditor in the 60	and operatir ill in the dolla s. and other del dd all amoun ) months afte	ar amount bts secured by tts that are er you file age monthly			\$		655.0
9a. Usi liste 9b. Tot To con for	g and utilities - Mortgage or rent expenses: ing the number of people you entered in line 5, fed for your county for mortgage or rent expense tal average monthly payment for all mortgages a calculate the total average monthly payment, ac htractually due to each secured creditor in the 60 bankruptcy. Next divide by 60.	and operatir ill in the dolli s. and other del dd all amoun o months aft	ar amount bts secured by tts that are er you file age monthly	your home.		\$		655.0
9a. Usi liste 9b. Tot To con for	g and utilities - Mortgage or rent expenses: ing the number of people you entered in line 5, fed for your county for mortgage or rent expense tal average monthly payment for all mortgages a calculate the total average monthly payment, ac tractually due to each secured creditor in the 60 bankruptcy. Next divide by 60.  me of the creditor	and operatir ill in the dollings. and other delended all amount of months after paymass.	ar amount bts secured by its that are er you file age monthly ient	y your home.	\$_	1,162.00	Repeat th	nis amour
9a. Usi liste 9b. Tot To con for Nan	g and utilities - Mortgage or rent expenses: ing the number of people you entered in line 5, feed for your county for mortgage or rent expense ital average monthly payment for all mortgages a calculate the total average monthly payment, ac intractually due to each secured creditor in the 60 bankruptcy. Next divide by 60.  me of the creditor  agstar Bank	and operatir ill in the dollings. and other delended all amount of months after paymass.	ar amount bts secured by its that are er you file age monthly ient 1,767.19	y your home.	\$_	1,162.00	Repeat th	nis amour
9a. Usi liste 9b. Tot To con for Nan  Fla  9c. Net	g and utilities - Mortgage or rent expenses: ing the number of people you entered in line 5, feed for your county for mortgage or rent expense ital average monthly payment for all mortgages a calculate the total average monthly payment, ac htractually due to each secured creditor in the 60 bankruptcy. Next divide by 60.  me of the creditor  agstar Bank  9b. Total average monthly paymer	and operating and operating and operating and other delegated all amount of the payment of the second and the s	ar amount bts secured by its that are er you file age monthly nent 1,767.19	y your home.	\$_ 	1,162.00	Repeat thon line 33	nis amour

Explain why:

Case number (if known)

24-51002

11.	Local tra	ansportation expenses	s: Check the number of vehice	cles for which	ch you claim a	an ownersh	nip or operating	expense.	
	□ 0. Go	to line 14.							
	☐ 1. Go	to line 12.							
	■ 2 or n	nore. Go to line 12.							
12.			sing the IRS Local Standards perating Costs that apply for						478.00
13.	You may		pense: Using the IRS Local if you do not make any loan						
Ve	hicle 1	Describe Vehicle 1:	2021 Dodge Ram 44,00 \$1,945.00 Intend to ass 11/6/24						
13a	. Ownersh	nip or leasing costs using	g IRS Local Standard			\$	619.00		
13b	Ŭ	monthly payment for all	debts secured by Vehicle 1. vehicles.						
	are contr		y payment here and on line of cured creditor in the 60 mont			t			
		ne of each creditor for	Vehicle 1	Average payment	-				
	Ch	rysler Capital		_ \$	32.42				
		Total A	verage Monthly Payment	\$	32.42	Copy here =>	-\$32	Repeat this amount on line 33b.	
13c.		cle 1 ownership or lease line 13b from line 13a.	e expense If this number is less than \$0	, enter \$0.		\$	586.58	Copy net Vehicle 1 expense here => \$ _	586.58
Ve	hicle 2	Describe Vehicle 2:	2021 Indian Springfield Finance \$17,870.73 (\$3 retain						
13d	. Ownersh	ip or leasing costs using	g IRS Local Standard			\$	619.00		
13e	Average leased v		debts secured by Vehicle 2.	Do not incl	ude costs for	•			
	Nar	ne of each creditor for	Vehicle 2	Average payment	-				
	Per	rformance Finance		\$	335.65				
		Total a	verage monthly payment	\$	335.65	Copy here => -\$ _	335.6	Repeat this amount on line 33c.	
13f.		cle 2 ownership or lease line 13e from line 13d.	e expense If this number is less than \$0	, enter \$0.		\$	283.35	Copy net Vehicle 2 expense here => \$ _	283.35
14.			e: If you claimed 0 vehicles e allowance regardless of v					the \$	0.00
15.	also ded	uct a public transportati	on expense: If you claimed 1 on expense, you may fill in w al Standard for <i>Public Trans</i>	hat you beli					0.00

Case number (if known) 24-51002

Debtor 1 Debtor 2	Bret Howard Hiatt Kristina Marie Hiatt	Cas	se number ( <i>if kno</i>	wn) <b>2</b>	4-510	02		
	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurance	e and operati	ng expe	nses c	n		
	If you believe that you have home energy of 8, then fill in the excess amount of home en	costs that are more than the home energy cosnergy costs	ts included ir	expens	ses on	line		
	You must give your case trustee document amount claimed is reasonable and necessa	ation of your actual expenses, and you must ary.	show that the	additio	nal		\$	0.00
	Education expenses for dependent child \$189.58* per child) that you pay for your depublic elementary or secondary school.	dren who are younger than 18. The monthly ependent children who are younger than 18 ye	expenses (nears old to at	ot more tend a p	than rivate	or		
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must on already accounted for in lines 6-23.	explain why t	he amo	unt			
	* Subject to adjustment on 4/01/25, and ev	ery 3 years after that for cases begun on or at	fter the date	of adjust	tment.		\$	0.00
		the monthly amount by which your actual food g allowances in the IRS National Standards. T ss in the IRS National Standards.						
		tional allowance, go online using the link spec so be available at the bankruptcy clerk's office		eparate				
	You must show that the additional amount	claimed is reasonable and necessary.					\$	49.00
	Continuing charitable contributions. The instruments to a religious or charitable organizations.	e amount that you will continue to contribute in anization. 11 U.S.C. § 548(d)(3) and (4).	n the form of	cash or	financi	al		
	Do not include any amount more than 15%	of your gross monthly income.					\$	100.00
	Add all of the additional expense deduc Add lines 25 through 31.	tions.					\$	149.00
	actions for Debt Payment					l		
	o calculate the total average monthly paymreditor in the 60 months after you file for ba  Mortgages on your home	ent, add all amounts that are contractually du nkruptcy. Then divide by 60.	ie to each se	curea				e monthly
33a.	Copy line 9b here				=>		oaymer S	1,767.19
	Loans on your first two vehicles							1,101110
33b.	•				=>	• 5	6	32.42
33c.					 <b>=</b>		· —	335.65
						•	<b>,</b>	333.03
33d. Nam	List other secured debts: e of each creditor for other secured debt	Identify property that secures the debt		Does painclude for insura	taxes			
				□ No				
	-NONE-			□ Ye	s	\$	i	
				□ No				
				□ Ye	s	\$	i	
				□ No	ı			
				□ Ye		\$	i	
					C	ору		

24-51002

	debts that you listed in lin						
	Go to line 35.		<b>,</b>	•			
	State any amount that you listed in line 33, to keep po Next, divide by 60 and fill i	ssession of your property					
Name of the	creditor	Identify property that see	cures the deb	t -	Total cure amount	Monthl amoun	
Flagstar E	Bank	1200 West River Ro 44280 Medina Cou Liens: 1. Flagstar Bank \$ / month inc RE & Arrearage \$6,00 Intend to retain and 3 Months arreages	nty 273,530.00 INS) 0.00 I pay		9,012.15		150.20
				\$		÷ 60 = +\$	
				Total	\$ 150.20	Copy total here=> \$	150,20
	owe any priority claims - s						
□ No.	Go to line 36.  Fill in the total amount of a ongoing priority claims, su	III of these priority claims. I	Do not includ	de current or			
	Total amount of all past-o	due priority claims		······································	15,494.00	_ ÷60 \$_	258.23
6. Projecte	ed monthly Chapter 13 plar	n payment		9	§	_	
Office of the Exec To find a li	multiplier for your district as the United States Courts (fo cutive Office for United State list of district multipliers that inclu- instructions for this form. This lis	or districts in Alabama and s Trustees (for all other dis udes your district, go online us	North Carolistricts).	ina) or by ecified in the	·	70	
Average	monthly administrative expe	ense			\$	Copy total here=> \$	
37. Add all	of the deductions for deb	t payment. Add lines 33e	through 36.			\$	2,543.69
otal Deduc	ctions from Income						
8. Add all o	of the allowed deductions.						
	ne 24, All of the expenses are allowances	llowed under IRS	\$	5,931.07	-		
Copy lin	ne 32, All of the additional ea	xpense deductions	\$	149.00	-		
Copy lir	ne 37, All of the deductions	for debt payment	+\$	2,543.69			
				2,343.03			

24-51002

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
☐ 122C-1				☐ Increase	
☐ 122C-2				☐ Decrease	\$
☐ 122C-1				☐ Increase	
☐ 122C-2				☐ Decrease	\$
☐ 122C-1				☐ Increase	
☐ 122C-2				☐ Decrease	\$
☐ 122C-1				☐ Increase	
☐ 122C-2				☐ Decrease	\$

	Kristina Marie Hiatt	Case number (if known)	24-51002	
Debtor 1	Bret Howard Hiatt			

4: Sign Below	
	eclare that the information on this statement and in any attachments is true and correct.
By signing here, under penalty of perjury you d	colare that the information on this statement and in any attachments is true and contest.
	X /s/ Kristina Marie Hiatt
X /s/ Bret Howard Hiatt Bret Howard Hiatt Signature of Debtor 1	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$78	administrative fee
+ \$15	trustee surcharge
\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/forms/bankruptcy-form

 $\underline{\text{http://www.uscourts.gov/forms/bankruptcy-forms}}$ 

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

## United States Bankruptcy Court Northern District of Ohio

In re	Bret Howard Hiatt  Kristina Marie Hiatt		Case No.	24-51002
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMP	ENSATION OF ATTOR	RNEY FOR DE	EBTOR(S)
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fibe rendered on behalf of the debtor(s) in contemplatio	ling of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept			4,000.00
	Prior to the filing of this statement I have receive	d	\$	800.00
	Balance Due		\$	3,200.00
2. '	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
1.	■ I have not agreed to share the above-disclosed cor	mpensation with any other person	unless they are memb	bers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compe copy of the agreement, together with a list of the i			
5.	In return for the above-disclosed fee, I have agreed to	render legal service for all aspect	s of the bankruptcy c	ase, including:
1	<ul> <li>a. Analysis of the debtor's financial situation, and rer</li> <li>b. Preparation and filing of any petition, schedules, si</li> <li>c. Representation of the debtor at the meeting of cred</li> <li>d. [Other provisions as needed]</li> <li>See written contract which sets forth not a part of the contract and is provided.</li> </ul>	tatement of affairs and plan which litors and confirmation hearing, and terms and conditions of emp	may be required; d any adjourned hear	rings thereof;
<b>5.</b> ]	By agreement with the debtor(s), the above-disclosed	fee does not include the following	service:	
		CERTIFICATION		
	I certify that the foregoing is a complete statement of bankruptcy proceeding.	any agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in
Α	august 6, 2024	/s/ Mark H. Kneve	I	
$\overline{D}$	Oate	Mark H. Knevel 00 Signature of Attorne KNEVEL LAW CO 5250 Transportati Garfield Heights, (216) 523-7800 F mknevel@knevel	y D. L.P.A. Ion Blvd #201 OH 44125 ax: (216) 523-7801	I
		Name of law firm		

## United States Bankruptcy Court Northern District of Ohio

In re	Bret Howard Hiatt Kristina Marie Hiatt		Case No.	24-51002
		Debtor(s)	Chapter	13
The ab		FICATION OF CREDITOR  tat the attached list of creditors is true and c		of their knowledge.
Date:	August 6, 2024	/s/ Bret Howard Hiatt		
		Bret Howard Hiatt		
		Signature of Debtor		
Date:	August 6, 2024	/s/ Kristina Marie Hiatt		
		Kristina Marie Hiatt		

Signature of Debtor